

<b>Case Number:</b>	CM13-0044177		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/15/2004
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 31-year-old male who reported injury on 10/15/2004. The mechanism of injury was stated to be the patient was lifting a snowmobile from the ground into the showroom with 2 other people, including his boss. The patient was holding onto the left ski of the snowmobile and went to help his boss, and the boss let go. The patient was noted to have injury to the base of neck and left shoulder. The patient's diagnoses were noted to include pain in limb. The patient's medications were noted to be methadone and Norco. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking

behavior. Clinical documentation submitted for review failed to provide documentation of the 4 A's to support ongoing usage of the requested medication. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above and the lack of documentation, the request for Norco 10/325 mg is not medically necessary.

**Methadone 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** California MTUS Guidelines indicate that methadone is recommended as a second-line drug for moderate to severe pain, if the potential benefit outweighs the risk. Clinical documentation submitted for review failed to indicate the efficacy of the requested medication. Additionally, it failed to indicate the patient had trialed and failed a first-line drug, as the patient was noted to be taking Norco 10/325. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for methadone 5 mg is not medically necessary.

**ECG 12-lead:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

**Decision rationale:** California MTUS Guidelines indicate that patients on methadone could have QT prolongation with resultant serious arrhythmias. Clinical documentation submitted for review failed to provide the rationale for the requested EKG. Additionally, there was a lack of documentation indicating the patient had an EKG prior to methadone initiation. Given the above, the request for ECG 12-lead is not medically necessary.