

Case Number:	CM13-0048147		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2003
Decision Date:	04/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 expert 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 was injured on 03/17/2003 while at work. Mechanism of injury is unknown. She carries a diagnosis of degenerative disk disease with cervicalgia and right sided radiculopathy, right shoulder impingement with AC arthritis, chronic pain and insomnia. Diagnostic studies reviewed include Cervical spine MRI dated 02/27/2002 which showed C4-5, C5-6 and C6-7 moderate degenerative disc disease. MRI of the right wrist dated 04/02/2004 showed mild degenerative changes in the triangular fibrocartilage. MRI of the right shoulder dated 04/28/2004 showed type II Acromion just abutting the rotator cuff. X-ray of the right wrist dated 04/03/2007 and NCS/EMG of 05/06/2003 were normal. In April 6, 2012, a notes state that the patient would like to decrease her dose of Methadone and does not want to try another narcotic medication in its place. She was continued on methadone 10mg bid-tid as needed for pain. She was also started on Elavil at the time to help with chronic pain and insomnia. On June 26, 2012, patient was seen in clinic and her Methadone was decreased to 5mg tid to qid as need for pain. Her other medications, including Motrin, Flexiril and Elavil were continued. On 8/7/12, patient's pain was poorly controlled and Methadone dose was increase to 20mg q am, 10mg q noon and 20mg q pm. At some point, the patient was started on Oxycodone before the next visit provided in the records. Progress note dated 12/17/2012 documented the patient be doing better on the current medication regimen. Pain is rated at 3/10 at the current medication regimen. Sometimes the pain goes up to 7/10. At the time, the patient was taking Methadone and Oxycodone 5mg. Sleep is adequate. Objective findings on exam included the patient is ambulating without assistance and with mild right shoulder pain. C5-T2 intact. Assessment: A right shoulder, forearm and hand pain. Suboptimal relief from the immediate release medication. Plan: Will increase the Oxycodone dose to 10 mg from 5 mg. On 10/13/13, patient's pain is documented as being well controlled 3/10. Her sleep is also good according to notes. At that time she was taking

methadone as prescribed during the last visit, however, her physician started her on Oxycodone 10mg bid as needed for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE, OPIOIDS Page(s): 61-62, 76-93.

Decision rationale: As per CA MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, this patient has chronic right arm/hand pain and has a history of using various medications, including NSAIDs, Tramadol and Vicodin, none of which the patient is currently taking per the records. It is not clear if the patient failed these medications in the past. There is clear documentation that the patient is benefiting in terms of pain control and sleep with the use of Methadone. But records do not provided tolerability, side effects, potential of drug related behaviour, etc. Guidelines indicate that "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has chronic right arm/hand pain and has been prescribed Methadone for long periods of time. There is no documentation that the first-line medication has been tried and failed. There is no documentation of objective functional improvement with the use of this medication. Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was done. As such, the request for continued use of Methadone is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.

OXYCODONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, and Opioids Page(s): 61-62, 76-93.

Decision rationale: As per CA MTUS guidelines, Oxycodone are recommended for moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Guidelines further indicated that "four domains have been proposed as most relevant for

ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records indicate that this patient has chronic right arm/hand pain and has been prescribed Oxycodone chronically. The records suggest that the medication is helping with pain subjectively, but there is no objective assessment of side effects for the patient, documentation of ongoing monitoring of psychosocial functioning, or discussion of drug-taking behaviours. Guidelines also recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. There is no documentation submitted that a urine drug screening was done. As such, the request for continued use of Oxycodone is non-certified. Further guidelines recommend slow tapering/weaning process for the individuals having long-term use of opioids due to the risk of withdrawal symptoms.