

<b>Case Number:</b>	CM13-0070939		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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 is a 44-year-old male with a date of injury on 3/19/2001. The patient has ongoing symptoms related to his cervical spine and upper extremities. The patient has had multiple cervical spine surgeries. Subjective complaints are of cervical spine pain with radiation to bilateral trapezius muscles and shoulders, entire left arm, and continued headaches. The pain in his shoulders and arms increases with activity, lifting, and turning. Physical exam shows decreased cervical range of motion with severe tightness in bilateral traps and splenius capitis muscles, and positive spurling's test. Reflexes and sensation were normal, with 4/5 strength in upper extremities bilaterally. Previous treatments have included surgery, physical therapy, non-steroidal anti-inflammatory drug (NSAIDs), tricyclics, lyrica, cymbalta, and lidoderm patches. Submitted documentation notes current medications to include valium, neurontin, Percocet 10/325mg 1-2 tablets every 4-6 hours, and Methadone 10mg every morning. Office visit on 2/24/13 documents that the patient receives substantial relief from his medications, which allows for activities of daily living. Records state the patient would be bedridden without the use of Percocet. There are no recorded side effects, adverse reactions, or inconsistent urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Percocet 10/325mg #300:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines have specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**One (1) prescription of Methadone 10mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines METHADONE, OPIOIDS Page(s): 61, 74-96.

**Decision rationale:** CA Chronic Pain guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The guidelines state that basis rules for prescribing methadone include: weighing the risks and benefits before prescribing methadone. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. For this patient, moderate to severe pain is present that has been responding well to current Opioid regimen, which includes the Methadone. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS Opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.