

Case Number:	CM14-0101440		
Date Assigned:	09/16/2014	Date of Injury:	12/02/1994
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 is a 52-year-old female who has submitted a claim for RSD/CRPS associated with an industrial injury date of December 2, 1994. Medical records from 2014 were reviewed, which showed that the patient complained of worsening left arm pain with numbness in wrist, thumb, and index and ring fingers. Pain was rated at 7-9/10. Examination of the cervical spine revealed absence of tenderness, limited ROM, negative Spurling's and Hoffman's sign. Motor strength and DTRs of the right upper extremity was essentially normal. Treatment to date has included medications, nerve blocks/injections, chiropractor, physical therapy, TENS, acupuncture and psychiatrist/psychologist. Medications include methadone (initial date of prescription unknown) and Roxicodone (date of initial therapy and patient's response to prior treatment unknown). Utilization review from June 16, 2014 denied the request for EMG (R) Upper Extremity, Methadone HCL 10mg to 2 tab TID #180 and Roxicodone 30mg 1 q6h max 4/day #120. The requests for Methadone and Roxicodone were denied because of lack of efficacy with chronic opioid treatment and lack of compliance to CA MTUS guidelines. The request for EMG of the right upper extremity was denied because the CA MTUS and ODG guidelines do not support electrodiagnostic evaluation using EMG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (R) Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tests for cubital tunnel syndrome

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Electromyography

Decision rationale: According to page 238 of the CA MTUS ACOEM Practice Guidelines, EMG is recommended if cervical radiculopathy is suspected as a cause of lateral arm pain or if severe nerve entrapment is suspected on the basis of physical examination and denervation atrophy is likely. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient complained of left arm pain with associated numbness that had prior conservative treatment. However, physical examination of the cervical spine and right upper extremity did not reveal any finding suggesting radiculopathy. The provided medical records are not adequate to have a strong suspicion of a radiculopathy. Therefore, the request for EMG (R) Upper Extremity is not medically necessary.

Methadone HCL 10mg to 2 tab TID #180: Upheld

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

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

Decision rationale: According to pages 61-62 of the CA MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. In addition, guidelines state that methadone can accumulate in potentially harmful doses and multiple potential drug-drug interactions can occur. In this case, it is not known when this medication was started due to limited available records. Furthermore, there was no documentation of medications tried and failed prior to the use of the second-line drug, Methadone. The progress note mentions that the patient gave verbal understanding of benefits and possible side effects and agreed to be compliant in medication usage. However, there was no mention of the rationale for the use of this potentially dangerous medication instead of first-line therapy. Due to these reasons, the request for Methadone HCL 10mg to 2 tab TID #180 is deemed not medically necessary.

Roxicodone 30mg 1 q6h max 4/day #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines states 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Guidelines also state that the lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. In this case, due to the limited available record, it is not known when the patient started using Roxicodone. There is no documented patient improvement due to this medication in terms of pain reduction and function. Side effects of prior use of this drug were not adequately explored. The medical necessity for ongoing use of this opioid medication is not established. Therefore, the request for Roxicodone 30mg 1 q6h max 4/day #120 is not medically necessary.