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| <b>Case Number:</b>   | CM14-0132447 |                              |            |
| <b>Date Assigned:</b> | 08/22/2014   | <b>Date of Injury:</b>       | 07/31/2009 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2014 |

### 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:

This is a 47-year-old male who reported an industrial injury on 7/31/2009, over five years ago, attributed to the performance of his usual and customary job tasks. The patient reported having continued right shoulder pain that had been ongoing since throwing a football last month and he reportedly felt a tear in the shoulder. Patient complained of shoulder pain with tingling into the right hand and finger and burning to the right biceps. The patient was being prescribed gabapentin 600 mg #90; methadone 10 mg #120; Norco 10/325 mg #180. The objective findings on examination included tender left paracervical and tender left trapezius; Mark tenderness right upper extremity; tender bicipital tendon and whole bicep, subacromial bursa, AC joint, marked limitation in range of motion of the right shoulder with pain, weakness with restricted movement and motor intact; the patient was diagnosed with shoulder region disorder; cervical pain; cervicalgia; pain in the shoulder joint; and long prescription medication use. The patient was authorized a MRI of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHADONE 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116 Official Disability Guidelines (ODG) pain chapter opioids

**Decision rationale:** The prescription for Methadone 10 mg #120 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the shoulder for the date of injury 5 years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics for chronic shoulder/UE pain. The patient is noted to take Methadone without a demonstrated functional improvement. The patient is being prescribed opioids for shoulder pain and UE pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Methadone 10 mg #120. The patient is five (5) years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Methadone 10 mg #120 is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic shoulder UE pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the sub-acute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Methadone 10 mg #120

for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Methadone 10 mg. There is no demonstrated medical necessity for the prescribed Opioids as there is no demonstrated functional improvement for the prescribed high dose opioids. The continued prescription for Methadone 10 mg #120 is not medically necessary.

**1 CONSULTATION WITH AN OTHOPEDIC SURGEON FOR EVALUATION OF NEW INJURY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7 page 127 Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention

**Decision rationale:** The request for authorization of an initial consultation with the Orthopedic Surgeon five (5) years after the DOI for the documented diagnoses and the event of throwing a football one month ago with resulting pain is not demonstrated to be medically necessary for the effects of the cited industrial injury. The ACOEM guidelines indicate that referral for surgical consultation may be indicated for patients who have: 1. Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). 2. Activity limitations for more than four months, plus existence of a surgical lesion 3. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. 4. Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. There are no documented objective findings by the requesting provider to support the medical necessity of an orthopedic treatment for the diagnoses documented of chronic shoulder pain. The patient has been authorized a MRI of the shoulder, which is yet to be interpreted or performed. There is no demonstrated medical necessity for the orthopedic surgeon evaluation prior to obtaining the MRI of the shoulder. The patient is not documented to have failed conservative treatment as none has been initiated subsequent to the football incident. The patient did not receive a corticosteroid injection or physical therapy subsequent to increased pain from throwing a football. There has been no conservative care provided to the patient for this particular incident. There is no demonstrated medical necessity for the requested orthopedic surgeon consultation for a new injury without an evaluation of the certified MRI of the shoulder.

**1 URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing

**Decision rationale:** The patient has been ordered a urine toxicology screen without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed and ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to

support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. Therefore the request is not medically necessary.