

Case Number:	CM14-0151063		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2006
Decision Date:	10/28/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 60-year-old woman who sustained a work related injury on January 10, 2006. Subsequently, she developed wrists, hands, neck, and low back pain. According to a progress reported dated September 29, 2014, the patient reported ongoing low back and neck pain as well as bilateral cubital and carpal tunnel syndrome. she continues to find her current medication regimen well tolerated, including methadone for chronic pain, Norco for breakthrough pain, Robaxin for acute flare up of muscle spasms, and cymbalta for nerve pain caused by carpal tunnel syndrome and depression due to her chronic pain. The patient rates her pain as a 9/10 in intensity without medications and a 7/10 with medications. She reported that medications, injections, heat, ice, HEP, TENS unit, and physical therapy typically helped to reduce her pain. EMG/NCV studies of the bilateral upper extremities performed on september 3, 2014 showed moderate bilateral carpal tunnel syndrome and evidence of a chronic bilateral C6 radiculitis. Her neurological examination was normal. There is tenderness over the cervical paraspinals. Cervical spine range of motion is reduced in all planes due to pain. Tinel's is positive over the bilateral cubital and carpal tunnels. UDS dated February 17, 2014 was positive for Buprenorphine, Methadone, and opiates. UDS dated July 7, 2014 detected Buprenorphine, Methadone, and opiates. The patient active problem list include carpal tunnel syndrome, cervicgia, numbness, lumbar spondylolysis, myalgia and myositis, degeneration of cervical intervertebral disc, chronic pain syndrome, trigger finger, pain in joint, forearm, constipation, dysthymic disorder, degeneration of lumbar or lumbosacral intervertebral disc, and lumbago. The provider requested authorization for Methadone and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 81, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Methadone Page(s): 76-79, 61.

Decision rationale: According to the patient file, the patient continued to have severe pain despite the use of high doses of opioids including methadone. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. Therefore, the prescription of Methadone 10 mg #90 is not medically necessary.

Norco 10/325mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 81, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): 76-79.

Decision rationale: According to MTUS guidelines, "Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: <(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>"According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg #200 is not medically necessary.