

<b>Case Number:</b>	CM14-0153192		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational 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 53 year old patient had a date of injury on 9/25/2003. The mechanism of injury was not noted. In a progress noted dated 7/18/2014, the patient complains of neck pain, right arm pain, right shoulder pain, and the pain has sharp radiation from neck to shoulder. Her pain is 7/10 with medications and 9/10 without. She has failed all treatment measures including SCS trial. On a physical exam dated 7/18/2014, there was tenderness on palpation of right arm with hypersensitivity to touch diffusely throughout whole arm. There was tenderness and tightness throughout the trapezius, medial scapulae with 30% restriction of right lateral bending, rotational and flexion. The diagnostic impression shows degeneration of cervical intervertebral disc, cervicgia, myalgia and myositis, chronic pain syndrome Treatment to date: medication therapy, behavioral modification, surgery A UR decision dated 9/10/2014 denied the request for Methadone 10mg #240, modifying it to #68, stating there was no evidence of functional improvement and no failure of 1st line opioid medication. Furthermore, 8 tablets a day puts the MED above 120. Norco 10/325mg #90 was denied, modifying it to #45, stating there was no documentation of functional improvement and pain reduction. Lidocaine 5% #60 was denied, stating that guidelines do not recommend trial of patch treatment during medication changes, and this patient is currently being weaned from opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Methadone 10 mg # 240: Upheld**

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 7/18/2014 progress report, the patient is taking 8 methadone 10mg tablets/day, which equates to a morphine equivalent dose of 960. A morphine equivalent dose above 120 puts the patient at risk for opioid toxicity. Symptoms such as respiratory depression can occur. Furthermore, this patient is also on Norco, and there was no functional improvement noted with the opioid regimen. Therefore, the request for Methadone 10mg #240 was not medically necessary.

**1 prescription of Norco 10/325 mg # 90:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 7/18/2014 progress report, there was no functional improvement noted with the opioid regimen. Furthermore, the patient is also taking 8 methadone 10mg tablets/day, which equates to a morphine equivalent dose of 960. A morphine equivalent dose above 120 puts the patient at risk for opioid toxicity. Symptoms such as respiratory depression can occur. Therefore, the request for Norco 10/325#90 was not medically necessary.

**1 prescription of Lidocaine 5% # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Lidoderm.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). ODG states that Lidoderm is not

generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, in the 7/18/2014 progress report, it was noted that the patient has failed all treatment measures including SCS trial. Furthermore, there was no discussion of failure of 1st line oral analgesic regimen, as the patient was on Norco as well as methadone. Therefore, the request for Lidoderm 5% #60 was not medically necessary.