MAXIMUS Federal Services

Case Number:	CM14-0166712		
Date Assigned:	10/13/2014	Date of Injury:	02/21/2001
Decision Date:	12/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 American Board of Internal 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:

Pursuant to the clinical note dated February 23, 2014, the IW complains of arm pain. He reports that he has some swelling in the bilateral lower extremities. He states his pain is not better; he does not sleep at night because of his pain. Physical examination revealed right wrist range of motion flexion and extension 5/5. Left wrist flexion 2/5, and extension 2/5. Left hand grip 2/5 and APB muscle 2/5. Right hand grip 5/5 and APB muscle 5/5. There was swelling in the right ankle/foot. Current medications include Amitiza 24mcg, Amlodipine 10mg, Cymbalta 60mg, Docusate sodium 250mg, Mirtazapine 15mg, Ondansetron 4mg, MiraLax powder, Methadone 10mg, Norco 10/325mg Intermezzo 3.5mg, Lisinopril 40mg, Lunesta 2mg, and Metoclopramide 10mg. Documentation in the medical record indicates that the IW has been taking Norco and Methadone since at least March of 2013. The IW was diagnosed with chronic pain syndrome; and tendinitis and/or tenosynovitis of the wrist and/or hand. The provider recommends continuing Norco and Methadone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17 grams #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Initiating Opiate Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, MiraLax oral powder 17 gm packet #60 is not medically necessary. Prophylactic treatment of constipation should be initiated upon initiating opiate therapy. MiraLax is an osmotic laxative that can be used to treat opiate related constipation. In this case, the injured worker is taking both a long acting and short acting opiate and the use of MiraLax is reasonable in this clinical setting. Monitoring of the efficacy of the laxative and addressing opiate related constipation is recommended to substantiate the ongoing use of this medication. There was documentation in the medical record that the patient was taking Amitiza for chronic idiopathic constipation. There were no entries in the medical record as to whether MiraLax was relieving the opiate related constipation over and above that of his baseline constipation. The initial utilization review physician authorized 30 packets. There should be ongoing review/monitoring to determine whether MiraLax is working appropriately. Consequently, MiraLax oral powder 17 g #60 is not medically necessary.

Norco 10/325mg #150: 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-TWC), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should be in the medical record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is taking both Methadone and Norco 10/325#150 since March 2013. Additionally, the documentation does not reflect objective functional improvement from the start date of March 2013 through the request date of March 26, 2014. A review of the record shows the medicines "help a little". No risk assessment has been performed. It is unclear whether the injured worker is a low risk, intermediate or high risk individual for drug misuse or abuse. Consequently, Norco 10/325#150 is not medically necessary.

Methadone 10mg #150: 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-TWC), Opioids criteria for use

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, Methadone

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone 10 mg #150 is not medically necessary. Methadone is recommended as a second line drug from moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone was prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. In this case, the injured worker is taking Methadone 10 mg two tablets every eight hours. The documentation contains a progress note whereby the injured worker requested the treating physician increase the dose of Methadone. The treating physician refused to increase the dose based on memory issues associated with higher doses in the recent past. The medical record does not contain a risk assessment with urine drug screens. There is no risk assessment indicating whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. The injured worker is and taking Methadone concurrently with Norco. In the medical record, the documentation does not reflect functional objective improvement in terms of signs and symptoms. As noted above (in the Norco section) the medications "help a little". Based on the poor response to the analgesic effects of Methadone, in addition to the request to increase the dose, this medication should be tapered and/or reassessed. The directions/frequency are not present in the Methadone request. Also, the Methadone is being taken in conjunction with Norco, short acting opiate narcotic. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Methadone 10 mg #150 is not medically necessary.