

Case Number:	CM14-0174655		
Date Assigned:	10/28/2014	Date of Injury:	10/21/2002
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation 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 49 year-old patient sustained an injury to her right arm and shoulder on 10/21/2002 from moving to a new office while employed by the [REDACTED]. Request(s) under consideration include MS Contin 60mg #90 with 2 refills and Methadone 10mg #120 with 2 refills. Diagnoses include Reflex sympathetic dystrophy of upper limb; right carpal tunnel syndrome; wrist sprain; and percutaneous spinal cord stimulator trial. Conservative care has included medications, physical therapy, TENS unit, acupuncture, and modified activities/rest. Report of 8/8/14 from the provider noted the patient with chronic ongoing right hand and wrist pain. Exam showed positive provocative maneuvers; diffuse decreased sensation in right hand/wrist. Pain medications were noted to decrease symptoms by 50% and for maintenance of ADL. The request(s) for MS Contin 60mg #90 with 2 refills was modified for #45 and Methadone 10mg #120 with 2 refills was modified for #60 for weaning on 9/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: Current MED is beyond 120 mg per day recommended by the guidelines without specific description of improved function. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2002 chronic injury. The MS Contin 60mg #90 with 2 refills is not medically necessary and appropriate.

Methadone 10mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Current MED is beyond 120 mg per day recommended by the guidelines without specific description of improved function. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like

drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. The patient is prescribed multiple opiates including current high doses of MS Contin along with Methadone with over 180 MED. Guidelines do not support chronic use of Opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively over several weeks as previously weaned in September. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic 2002 injury. The Methadone 10mg #120 with 2 refills is not medically necessary and appropriate.