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| Case Number: | CM14-0186189 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 05/06/2008 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 10/18/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 48-year-old male with a date of injury of 05/06/2008. According to progress report 10/02/2014, the patient presents with intractable shoulder pain. The patient states that he cannot function without his pain medication and rates his pain a 9/10 at best, 4/10 with medications, and 10/10 without medications. He reports 50% reduction in pain and 50% increase in functional improvement with activities of daily living with medications. The patient's medication regimen includes methadone, Norco, baclofen, Lyrica, Senokot, Colace, and Lodine. Examination of the shoulder revealed limited range of motion with positive impingement sign. There is crepitus, passively of the shoulder joint. Palpation revealed rigidity and muscle spasm in the right shoulder girdle area. Examination of the neck revealed decreased range of motion and cervical compression causes neck pain. Palpation revealed muscle spasm along the right neck and shoulder girdle area. The listed diagnoses are: 1. History of comminuted fracture of the right scapula with intractable shoulder pain. 2. Component of neuropathic burning pain in the upper extremity, improved with Lyrica use. 3. Rotator cuff tendinopathy. 4. Chest tube placement for hemothorax and pneumothorax with ongoing hypersensitivity of the scar site. 5. History of amputation of the digits of the left hand, nonindustrial. 6. Posttraumatic stress disorder and reactive depression. The patient work status is not indicated. The treating physician recommends refill of medications. Utilization review denied the request on 10/18/2014. Treatment reports from 10/23/2013 through 10/02/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 76-78, 88, 89..

Decision rationale: This patient presents with chronic neck and shoulder pain. The treating physician is requesting a refill of methadone 10 mg #90 t.i.d. (3 times daily). The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing methadone and Norco since at least 10/23/2013. Progress report 03/5/2014, 05/13/2014, 07/08/2014, 08/05/2014, 09/04/2014, and 10/02/2014 all indicate a decrease in pain utilizing a pain scale. The treating physician continually notes the patient cannot function without medications, and with them, he is able to decrease pain and increase activities of daily living. At the end of each progress report, the treating physician reports that the patient does not show signs of abusing medication, and he is under a narcotic contract and urine drug screens have been appropriate. In this case, recommendation for further use of methadone cannot be supported as the treating physician does not provide specific changes in ADLs or specific functional improvement as required by MTUS. There is no change in work status or return to work to show significant functional improvement either. MTUS requires not only analgesia but documentation of specific changes in ADLs. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.

1 prescription of Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing, On-Going Management; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88, 89..

Decision rationale: This patient presents with chronic neck and shoulder pain. Treating physician is requesting a refill of Norco 10/325 mg #140 one tablet 4 times daily p.r.n. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient

has been utilizing methadone and Norco since at least 10/23/2013. Progress report 03/5/2014, 05/13/2014, 07/08/2014, 08/05/2014, 09/04/2014, and 10/02/2014 all indicate a decrease in pain utilizing a pain scale. The treating physician continually notes the patient cannot function without medications, and with them, he is able to decrease pain and increase activities of daily living. At the end of each progress report, the treating physician reports that the patient does not show signs of abusing medication, and he is under a narcotic contract and urine drug screens have been appropriate. In this case, recommendation for further use of methadone cannot be supported as the treating physician does not provide specific changes in ADLs or specific functional improvement as required by MTUS. There is no change in work status or return to work to show significant functional improvement either. MTUS requires not only analgesia but documentation of specific changes in ADLs. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.