

Case Number:	CM14-0040904		
Date Assigned:	06/27/2014	Date of Injury:	02/21/2001
Decision Date:	10/10/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/04/2014

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 Texas and Ohio. 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 51-year-old male who reported an injury on 02/21/2001. The mechanism of injury was not provided. On 03/04/2014, the injured worker presented for a followup. Upon examination, there was decreased range of motion to the left wrist. The injured worker reported vomiting, muscle aches, depression, and fatigue. The diagnoses were tendinosis and/or tenosynovitis of the wrist and hand and chronic pain syndrome. Current medications included methadone, Norco, and MiraLAX. The provider recommended hydrocodone/acetaminophen and methadone. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 20/325mg 1-2 po every 4 hours as needed #120: Upheld

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

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

Decision rationale: The request for Hydrocodone/Acetaminophen 20/325mg 1-2 po every 4 hours as needed #120 is not medically necessary. The California MTUS Guidelines recommend

the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects should be evident. The efficacy of the prior use of the medication was not provided. As such, medical necessity has not been established.

Methadone 10mg two po every eight hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Methadone Page(s): 64.

Decision rationale: The request for Methadone 10mg two po every eight hours #90 is not medically necessary. The California MTUS states that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. Pain relief, on the other hand, only lasts from 4 hours to 8 hours. 1 severe side effect of the medication is respiratory depression. There is a lack of efficacy of the prior use of the medication. Additionally, there is a lack of a complete and adequate pain assessment of the injured worker. As such, medical necessity has not been established.