

<b>Case Number:</b>	CM14-0055095		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/14/2001
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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, 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 43 year old female with an injury date of 02/17/12. Based on the 03/25/14 progress report provided by [REDACTED], the patient complains of neck pain and back pain, rating it a 10/10. She is tender to palpation of her paraspinal muscles of the cervical and lumbar spine. She has been followed by pain management specialist and she says she was offered change in her pain regimen hoping to reduce her narcotic demand and get her narcotic use under control. She says this regimen was not helping her much and she has had difficulty complying with this regimen. The 02/27/14 report states that the patient's behavior is somewhat erratic and she appears disheveled. The patient's diagnoses include the following: Cervicalgia, Lumbago. Low back syndrome, chronic pain syndrome, Sciatica, degeneration of cervical intervertebral disc, and degeneration of lumbar disc. [REDACTED] is requesting Menthadone 10 mg #240. The treater does not provide any pain scales or discussion as to how the Menthadone impacted the patient. The utilization review determination being challenged is dated 04/03/14. [REDACTED] is the requesting provider, and he provided treatment reports from 12/10/13- 04/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthadone 10mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61, 88-89.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend opioids if there is no indication for a screening instrument for abuse/addiction. The 02/27/14 report states that the patient understands that this goes against the pain contract that she originally signed and agreed upon. The patient declined to give a UDS on the following appointment dated 03/25/14. For chronic opiate use, the MTUS Chronic Pain Guidelines pages 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months as well as documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). There also needs to be documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement or significant changes in ADLs specific to Menthadone use. Given that the patient has declined to provide a UDS and the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.