

Case Number:	CM14-0060974		
Date Assigned:	07/11/2014	Date of Injury:	05/27/2003
Decision Date:	08/29/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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 Family Practice 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 53 year old female who sustained a work related injury on 5/27/03 involving the right shoulder. She was diagnosed with a right rotator cuff tear and shoulder impingement. She underwent a right rotator cuff repair and arthroscopic subacromial decompression. She had used oral analgesics and undergone shoulder injections for pain control. An MRI of the cervical spine in 2010 indicated she had minimal cervical canal stenosis. She had been on Baclofen, Percocet, Lidoderm patches, Cymbalta, Lyrica Celebrex and Methadone for pain since at least September 2013. She underwent a C1-C2 laminectomy in 1/7/14 for chronic regional pain syndrome. A progress note on 4/1/14 indicated she had continued 7/10 pain in the left shoulder and neck. Exam findings were notable for pain in the neck radiating to the right arm as well as neck spasms. The treating physician continued the Percocet, Methadone, Baclofen and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 39, 63.

Decision rationale: According to the MTUS guidelines, Baclofen has been demonstrated to be effective intrathecal to reduce dystonia. The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the claimant had been on Baclofen for months. There were continued spasms and long-term use of Baclofen. Continued Baclofen use is not medically necessary.

Methadone 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In addition the Morphine dose equivalent of Methadone taken per day is equal to 120mg. This combined with Percocet exceeds the maximum daily allowable dose of Morphine per day. There is no indication of management of opioid withdrawal. The continued use of Methadone is not medically necessary.

Percocet 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term-use has not been supported by any trials. In this case, the claimant has been on Percocet for over 6 months without significant improvement in pain or function. In addition the Morphine dose equivalent of Methadone combined with Percocet exceeds the maximum daily allowable dose of 120 mg Morphine per day. The continued use of Percocet is not medically necessary.