

Case Number:	CM14-0081349		
Date Assigned:	07/18/2014	Date of Injury:	09/15/2010
Decision Date:	08/26/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 & 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 46 year-old female [REDACTED] sustained an injury on 9/15/10 from a slip and fall on water while employed by [REDACTED]. The patient has had multiple previous injuries for a repetitive stress in 1997 and left shoulder injection while opening a door with wind forcibly closing the door on 6/9/09. Both have reached permanent and stationary after extensive therapy, medications, and temporary total disability. Current request under consideration includes Methadone 5mg #90, Dilaudid 4mg #60, Adderall 20mg #90, and Lumbar Transforaminal epidural steroid injection L5-S1. Diagnoses include lumbago; chronic intractable pain; and cervicgia. MR Arthrogram of left shoulder showed infraspinatus tendinosis without rotator cuff tear or degenerative joint disease; biceps and labrum were normal; and otherwise normal study. The MRI of the lumbar spine dated 5/18/13 was noted to show musculoligamentous strain (no report provided). Conservative care has included chiropractic treatment, physical therapy, home exercise program, cortisone injections, H-wave unit, medications, and temporary disability / rest. The patient has been evaluated and deemed not a surgical candidate for shoulder surgery. She is status post ligamentous tendon reconstruction without complications on 3/12/12 with post-operative therapy and immobilization. The patient continues under the care of primary chiropractic treater and remains off work. Medications list per report dated 12/17/12 noted Hydrocortisone, Prednisone, Florinef, Butalbital, Microgestin, Pantoprazole, Botox, Metoclopramide, Retin-A, Nucynta, Adderall, Morphine Sulfate, Magnesium Oxide, Ondansetron, Senna, and Zyrtec. The patient has reached Maximum Medical Improvement (MMI) status. Report dated 5/12/14 from the provider, noted the patient has continued chronic symptoms involving the back, neck, left shoulder, left knee, left hand, and left hip pain which radiates down left side to left big and little toes. Exam showed decrease range of motion in the left shoulder; positive Spurling's on left side of neck; cervical spine with spasm

and tenderness; lumbar spine with tenderness; antalgic gait; normal motor exam; normal sensory exam; and normal deep tendon reflexes. Report dated 6/11/14 noted patient was status post 8 months from left shoulder arthroscopic surgery with sub-acromial decompression surgery, synovectomy, and distal clavicle resection; left cubital tunnel syndrome, and carpal tunnel syndrome. The treatment plan included nerve conduction study to evaluate for lower extremity symptoms prior to epidural injections planned. The request was for Methadone 5mg #90, Dilaudid 4mg #60, Adderall 20mg #90, and Lumbar Transforaminal epidural steroid injection L5-S1 were non-certified on 5/19/14 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:

Methadone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines :Opioids Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 74-96.

Decision rationale: The request for Methadone 5mg #90 is not medically necessary. 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. In addition, the 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 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. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. 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, Methadone. Additionally, 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. In addition, it is used 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 Methadone, Dilaudid, and Amphetamine Adderall. After the appropriate dose has been established, it should be reduced progressively by not more than 20% per day. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue opiates for this unchanged chronic injury of 2010. The Methadone 5mg #90 is not medically necessary.

Dilaudid 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Dilaudid Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines: Dilaudid Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page(s) 79-80 and on the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Pain.

Decision rationale: The request for Dilaudid 4mg #60 is not medically necessary. 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. The 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. The Dilaudid 4mg #60 is not medically necessary and appropriate.

Adderall 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online search revealed, Adderall is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Dependence & Addiction, page 86, Serious substance misuse in multi-disciplinary pain management program list (a) cocaine or amphetamines on urine toxicology screen, etc. Page(s): 86. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA and National Guideline Clearinghouse, Use of Adderall for Attention-deficit hyperactivity disorder (ADHD), narcolepsy, traumatic brain disorder. Rxlist Adderall in class of amphetamines with high potential for abuse and prolonged use may lead to drug dependency.

Decision rationale: The request for Adderall 20mg #90 is not medically necessary. The guidelines have no specific recommendation for Adderall, an Amphetamine, however, does list Amphetamine under Opiates, Dependence and Addiction, as a serious substance for misuse along with cocaine. Food and Drug Administration (FDA) and manufacturer list Adderall in the treatment option for diagnoses of Attention-Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or activity day living limitations for use of Adderall in the patient's listed diagnoses. The Adderall 20mg #90 is not medically necessary and appropriate.

Lumbar Transforaminal epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 and table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines AMA Guides, 5th Edition, page 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46 Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) Page(s): 46.

Decision rationale: The Lumbar Transforaminal epidural steroid injection L5-S1 is not medically necessary and appropriate. The MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, which was not provided here. Submitted reports have not demonstrated any radicular symptoms, neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Therefore, the Lumbar Transforaminal epidural steroid injection L5-S1 is not medically necessary and appropriate.