MAXIMUS Federal Services

Case Number:	CM14-0085163		
Date Assigned:	07/23/2014	Date of Injury:	01/24/2002
Decision Date:	10/06/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 Nevada. 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 58 year-old male who was reportedly injured on January 24, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 22, 2014, indicates that there are ongoing complaints of left upper extremity symptomology and difficulty with sleep. The physical examination demonstrated a 5'10", 105 pound individual who is hypertensive (167/84). There is tenderness throughout the left upper extremity, hypersensitivity in this assessment is unchanged. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, spinal cord stimulator, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentora tab 200mcg #28 Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Actiq (oral transmucosal fentanyl citrate), Cephalon

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter

Decision rationale: As outlined in the Official Disability Guidelines (ODG), (California Medical Treatment Utilization Schedule guidelines do not address), this medication is "not recommended for musculoskeletal pain." As noted in the ODG the only clinical indication of breakthrough cancer pain. While noting the date of injury, the current diagnosis and the lack of any improvement with this medication, the medical necessity of continued use has not been established.

Methadone tab 5mg #90 Refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, this medication is recommended as a 2nd line drug for moderate to severe pain. The benefits of deploying this medication must outweigh the numerous risks associated with this medication. Given the severe morbidity and mortality associated with this medication caution must be described. Furthermore, when noting the sleep issues and that caution is outlined for people with decreased respiratory reserve, the clinical indication for the continued uses medication has not been established. There is no increase in the overall functionality or decrease the pain symptomology is noted. Therefore, when combining the current pain complaints with the notation of sleep issues and the parameters outlined in the California Medical Treatment Utilization Schedule the medical necessity of this medication cannot be established.

Morphine Sulphate tab 30mg ER #60 refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 75, 78, 93.

Decision rationale: The MTUS supports one acting opioids in chronic pain when continuous around-the-clock analgesia is needed. However, the lowest possible dose that is noted to improve pain and increase functionality is to be supply. There are ongoing complaints of pain, difficulty with sleep, and no documentation that the pain has improved with the functionality has increased. Therefore, based on the clinical information presented the medical necessity for continued uses preparation has not been established.

Hydromorphone tab 4mg #120 Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone. Decision based on Non-MTUS Citation Product Information, Abbott Labs, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: This is also an extended release opioid analgesic for moderate to severe pain. There is no objectified improvement in functionality, decrease the pain complaints or any other indicator that this medication is having or reaching its intended result. When considering the multiple analgesic medications being consumed, noting the lack of improvement, there is no clear clinical indication to continue this medication. Therefore, the medical necessity has not been established.