

Case Number:	CM14-0188600		
Date Assigned:	11/17/2014	Date of Injury:	06/01/2000
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Management 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 49 year old female with date of injury 06/01/00. The treating physician report dated 10/06/14 (47) indicates that the patient presents with pain affecting the upper extremities and neck. The physical examination findings reveal muscles spasms around the neck and in the upper trapezius muscle groups bilaterally; multiple tender and trigger point areas in the upper trapezius muscle groups with tenderness in the upper rhomboid muscles as well. Patient continues to have radicular symptoms in the upper extremities, worse on the right side; general decrease in ROM in the cervical spine to flexion, extension, and lateral rotation; motor weakness in both right and left upper extremities, more significant on the right side. Patient also reports weak hand grip and headaches due to pain and cervical spasms. The patient is currently prescribed Methadone for baseline pain, Gabapentin for nighttime, Cymbalta for mood and pain, Lorazepam for anxiety, and Phenergan for nausea. The current diagnosis is: 1. Cervicalgia with bilateral radiculopathy2. Extensive myofascial syndrome3. Carpal and cubital tunnel syndrome bilaterally4. Shoulder arthropathy5. Peritrochanteric bursitis6. Spinal cord effacement in the cervical spine with neurological findings, status post spinal cord decompression7. Spinal cord stimulator trial8. Completed detoxification at [REDACTED] Pain Program9. Completion of [REDACTED] Program10. Central PainThe utilization review report dated 10/27/14 denied the request for Phenergan, Methadone, Hydromorphone, and Lorazepam based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Phenergan 25mg #90. The treating physician states in their report dated 10/06/14 that the current request is for nausea. The ODG guidelines state, "Not recommended for nausea and vomiting secondary to chronic opioid use." In this case the treating physician has indicated that the patient is currently prescribed other opioids. The guidelines do not support this request based on opioid usage. Recommendation is for denial.

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioid chapters Page(s): 61,62, 72-96.

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Methadone 10mg #90. The treating physician states in their report dated 10/06/14 that the current request is for baseline pain. The MTUS guidelines state, "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The MTUS guidelines have specific requirements regarding the documentation of pain reduction and functional improvement that must be documented to continue opioid usage. Specifically on page 78 the 4 A's (analgesia, ADL's, Adverse effects and Adverse behavior) must be documented to provide a framework for the ongoing clinical usage of opioids. In this case the treating physician does not document the 4 A's entirely. The only reference to them is that if, "discontinuation of this medication would most likely result in significantly increased pain scores. This in turn would have negative impact on the patient's general pain and activities of daily living." There is no documentation as to how the medication improves ADL's or if the patient has any adverse effects or behaviors caused by this medication. Recommendation is for denial.

Hydromorphone 8mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Hydromorphone 8mg #240. The treating physician does not state in his report dated 10/06/14 what the current request is meant to treat. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case the treating physician does not document the 4 A's entirely. The only reference to them is that if, "discontinuation of this medication would most likely result in significantly increased pain scores. This in turn would have negative impact on the patient's general pain and activities of daily living." There is no documentation as to how the medication improves ADL's or if the patient has any adverse effects or behaviors caused by this medication. Recommendation is for denial.

Lorazepam 0.5mg #90: Upheld

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

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

Decision rationale: The patient presents with neck and upper extremity pain. The current request is for Lorazepam 0.5 mg #90. The treating physician states in their report dated 10/06/14 that the current request is meant to treat anxiety. The ODG guidelines state, Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." In this case the patient has been prescribed this medication since at least 8/4/14, based on list of medication at time of physician report from that date. The guidelines do not support long-term use and the patient has taken this medication for approximately three months if not longer. Recommendation is for denial.