

Case Number:	CM14-0191576		
Date Assigned:	11/25/2014	Date of Injury:	06/01/2000
Decision Date:	01/12/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/17/2014

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 49 year old female with an injury date on 06/01/2000. Based on the 10/07/2014 supplemental report provided by the treating physician, the diagnoses are: 1. Cervicalgia with bilateral radiculopathy 2. Extensive myofascial syndrome 3. Carpal and cubital tunnel syndrome bilaterally 4. Shoulder arthropathy 5. Peritrochanteric bursitis 6. Spinal cord effacement in the cervical spine with neurological findings, status post spinal cord decompression 7. Spinal cord stimulator trial 8. Completed detoxification at Stanford Comprehensive Interdisciplinary Pain Program. 9. Completion of ██████ Program 10. Central pain. According to this report, the patient complains of "radicular symptoms in the upper extremities, worse on the right side. The patient's current VAS score is noted as a 6/10." Exam findings show muscle spasms around the neck and in the upper trapezius muscle groups bilaterally. Range of motion of the cervical spine is generally decreased. The patient's grip strength remains weak. The patient's cervical spasms also tend to trigger cervicogenic headaches. There were no other significant findings noted on the records. The utilization review denied the request for (1) Methadone tab 10 mg #90 and (2) Hydromorphone tab 8 mg #150 on 10/24/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/24/2014 to 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab 10mg day supply 30, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/07/2014 supplemental report, this patient presents with "radicular symptoms in the upper extremities, worse on the right side." The current request is for Methadone tab 10 mg #90. This medication was first mentioned in the 07/07/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the 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." The 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. Review of reports shows patient has "VAS score is noted at 6/10. The patient continues to have issues associated with depression, anxiety and insomnia. The patient's previous medications were noted to help with these issues." The treating physician mentions that "The patient continues to have the ability to perform activities of daily living in the home, including activities such as cooking, cleaning, washing, take care of personal hygiene, etc. She is able to perform activities outside the home, such as shopping, attending office visits, as well as social interaction. The patient is not currently working." In this case, UDS's are mentioned on 06/02/2004 lab report but the findings are not discussed. However, the treating physician did not provided documentation of patient's adverse side effects, aberrant behavior as well as "pain assessment" or outcome measures as required by the MTUS. The request is not medically necessary.

Hydromorphone tab 8mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/07/2014 supplemental report, this patient presents with "radicular symptoms in the upper extremities, worse on the right side." The current request is for Hydromorphone tab 8 mg #150. This medication was first mentioned in the 04/24/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, the 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. Review of reports shows patient has

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