

Case Number:	CM15-0134215		
Date Assigned:	07/22/2015	Date of Injury:	05/06/2008
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male, who sustained an industrial injury on 05-06-2008. On provider visit dated 06-15-2015 the injured worker has reported severe pain in shoulder, right chest and flank, and neck pain. He was noted to be depressed and have suicidal ideation. On examination of the right shoulder revealed limited range of motion in all planes. Crepitus on circumduction passively was noted. Positive impingement sign was noted. Muscle spasm palpable in the right cervical trapezius muscle, extending up into the right side of his neck and paraspinal region. Neck range of motion was limited cervical compression causes right-sided neck pain. Thoracic exam was noted as sensitive area over the area where his chest tube insertion was placed previous. The diagnoses have included severe depression and anxiety disorder, intractable shoulder pain and a neuropathy component of burning pain in the right upper extremity. Treatment to date has included medication and was noted to be in the care of a psychologist and psychiatrist. The provider requested Methadone and Latuda.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2008 and is being treated for radiating right shoulder pain. When seen, he had become very depressed. Medications are referenced as decreasing pain from 10/10 to 4/10 and with a 50% improvement in activities of daily living. Physical examination findings included decreased right shoulder range of motion with crepitus and positive impingement testing. There were right cervical and trapezius muscle spasms. There was sensitivity over the thorax. Methadone and Norco were refilled at a total MED (morphine equivalent dose) of over 280 mg per day. Samples of Latuda were provided for depression. The claimant is also receiving psychiatric treatment for depression. When seen the month before on 06/18/15 samples of Pristiq were provided. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.

Latuda 20mg quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress: Atypical Antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Latuda Prescribing Information.

Decision rationale: The claimant sustained a work injury in May 2008 and is being treated for radiating right shoulder pain. When seen, he had become very depressed. Medications are referenced as decreasing pain from 10/10 to 4/10 and with a 50% improvement in activities of daily living. Physical examination findings included decreased right shoulder range of motion with crepitus and positive impingement testing. There were right cervical and trapezius muscle spasms. There was sensitivity over the thorax. Methadone and Norco were refilled at a total MED (morphine equivalent dose) of over 280 mg per day. Samples of Latuda were provided for depression. The claimant is also receiving psychiatric treatment for depression. When seen the month before on 06/18/15 samples of Pristiq were provided. Latuda is an atypical antipsychotic indicated for the treatment of schizophrenia and for depressive episodes associated with bipolar depression, either as monotherapy or as adjunctive therapy with lithium or valproate. In this case, the claimant does not have a diagnosis of bipolar depression. Additionally, another antidepressant, Pristiq, was provided less than one month before the request was made. Providing another antidepressant medication was not medically necessary.