MAXIMUS Federal Services

Case Number:	CM15-0144027		
Date Assigned:	08/05/2015	Date of Injury:	09/02/2001
Decision Date:	09/30/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male, who sustained an industrial injury on 9-2-2001. He reported being hit by a chair that was thrown at him. The injured worker was diagnosed as having reflex sympathetic upper limb dystrophy, reflex sympathetic lower limb dystrophy. Treatment to date has included medications, home exercises, Jacuzzi, and urine drug screening. The request is for Flexeril and Methadone. On 12-19-2014, he reported left upper extremity pain. He indicated he had increased pain over the left index finger. He is utilizing Morphine 30 mg every 12 hours, Ambien for sleep, and Amitriptyline at night for neuropathic pain and sleep. Physical findings revealed the left upper extremity to have allodynia and hyperalgesia, along with some dystrophic changes. His current medications are: Naproxen, Protonix, Flexeril, Ambien, Morphine, Amitriptyline, Ativan, and Prozac. The treatment plan included: Ambien, Morphine, and Amitriptyline. His work status is noted as permanent and stationary. On 2-13-2015, he reported persistent left upper extremity pain. He indicated he was utilizing Morphine for his pain; however he had stopped this on his own due to having issues with constipation. He reported not having had Morphine for over a week and a half. He is reported as not showing withdrawal signs. He requested switching to another medication that would not cause nausea. The treatment plan included: discontinuing Morphine and starting Methadone, urine drug screening. His work status is permanent and stationary. On 5-29-2015, he reported continued left upper extremity and lower extremity pain. He reported no acute changes. He indicated his current pain level was 9 out of 10 without medications and 7 out of 10 with medications, and that he is able to perform home exercises with medications. He denied side effects other than

constipation with the use of his medications. He indicated Lunesta to help more than Ambien for his insomnia. Physical findings revealed are normal muscle tone of the bilateral upper and lower extremities. The treatment plan included: Flexeril, Methadone, and Lunesta. He remains permanent and stationary. The provider noted Flexeril to be highly effective at reducing muscle spasms; however it was considerably sedating and not tolerable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Methadone HCL (hydrochloride) 5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. The records particularly do not support the unique risk profile of Methadone given the patient's age and the chronicity of this injury. Therefore this request is not medically necessary.