MAXIMUS Federal Services

Case Number:	CM15-0144686		
Date Assigned:	08/05/2015	Date of Injury:	07/05/2007
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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 43 year old female, who sustained an industrial injury on 7-05-2007. The injured worker was diagnosed as having carpal tunnel syndrome and carpal sprain. Treatment to date has included diagnostics, splinting, and medications. Several documents within the submitted medical records were handwritten and difficult to decipher in their entirety. Currently, the injured worker complains of painful hands bilaterally, with associated numbness. Medications took the edge off of pain and allowed her to complete some degree of housework. Pain was not rated. Urine toxicology was not noted. Exam noted decreased finger flexion, tender epicondyles, and tenderness of the forearm and hand. The treatment plan included Methadone (10mg four times daily) and Norco 10-325mg (2 tablets four times daily). Her work status was not documented. Medication regimen was consistent since at least 2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Methadone Page(s): 61-62, 78-81.

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

Decision rationale: The claimant sustained a work-related injury in July 2007 and is being treated for chronic low back pain. When seen, she was having occasional numbness. Medications were taking the edge off and allowing for some degree of housework. She had neck tenseness and a headache. There was decreased finger flexion with lateral epicondyle tenderness and forearm and hand tenderness. Methadone and Norco were prescribed at a total MED (morphine equivalent dose) of 400 mg per day. 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 3 times that recommended and there is no evidence of decreased pain with documentation of VAS scores. 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.

Norco #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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

Decision rationale: The claimant sustained a work-related injury in July 2007 and is being treated for chronic low back pain. When seen, she was having occasional numbness. Medications were taking the edge off and allowing for some degree of housework. She had neck tenseness and a headache. There was decreased finger flexion with lateral epicondyle tenderness and forearm and hand tenderness. Methadone and Norco were prescribed at a total MED (morphine equivalent dose) of 400 mg per day. 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 3 times that recommended and there is no evidence of decreased pain with documentation of VAS scores. 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.