

Case Number:	CM15-0185078		
Date Assigned:	09/25/2015	Date of Injury:	07/05/2007
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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:

This 43 year old woman sustained an industrial injury on 7-5-2007. Diagnoses include bilateral carpal tunnel syndrome and carpal sprain. Treatment has included oral medications. Physician notes dated 8-10-2015 show complaints of bilateral hand pain with frequent snapping and increases in headache frequency. The physical examination shows decreased finger range of motion, and forearm and hand tenderness. Recommendations include Methadone, Norco, and follow up in six weeks. Utilization review denied a request for Methadone and Norco on 9-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with numbness/tingling in bilateral hands, burning pain radiating up along volar forearm and upper lateral arm. The treater has asked for Methadone 10mg (unspecified quantity) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p elbow MRI which was negative per 3/12/15 report. The patient had an upper extremity NCV of unspecified date which was consistent with right carpal tunnel syndrome only, but the left hand symptoms have become far worse per 3/12/15 report. The patient also has further numbness/tingling/burning/weakness and loss of dexterity in her left hand per 3/12/15 report. The patient has persistent and nonspecific pain throughout entire bilateral upper extremity per 1/15/15 report. The patient's work status is not included in the provided documentation. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Methadone since 3/15/11 and in reports dated 4/17/13, 10/21/13, and 10/26/14. The patient states that pain is "blunted by meds and is able to get out of bed" per 4/17/13 report but does not specifically mention Methadone. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Norco 10/325mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 3/12/15 progress report provided by the treating physician, this patient presents with numbness/tingling in bilateral hands, burning pain radiating up along volar forearm and upper lateral arm. The treater has asked for Norco 10/325mg (unspecified quantity) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p elbow MRI which was negative per 3/12/15 report. The patient had an upper extremity NCV of unspecified date which

was consistent with right carpal tunnel syndrome only, but the left hand symptoms have become far worse per 3/12/15 report. The patient also has further numbness/tingling/burning/weakness and loss of dexterity in her left hand per 3/12/15 report. The patient has persistent and nonspecific pain throughout entire bilateral upper extremity per 1/15/15 report. The patient's work status is not included in the provided documentation. MTUS, Criteria for Use of Opioids Section, 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, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. Patient has been taking Norco since 2/5/08 and in reports dated 4/17/13, 10/21/13, and 10/26/14. The patient states that pain is "blunted by meds and is able to get out of bed" per 4/17/13 report but does not specifically mention Norco. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.