

Case Number:	CM15-0190284		
Date Assigned:	10/02/2015	Date of Injury:	12/04/2013
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 44-year-old male, with a reported date of injury of 12-04-2013. The diagnoses include shoulder joint pain, cervical degenerative disc disease, cervical herniated disc, cervical spondylosis, and cervical facet arthropathy. Treatments and evaluation to date have included Cyclobenzaprine, Ibuprofen, Norco (since at least 05-2015), Oxycontin, Methadone (since at least 08-2015), and a neck brace. The diagnostic studies to date have included a urine drug screen on 05-21-2015 with inconsistent findings; an MRI of the cervical spine on 08-17-2015 with stable findings; an MRI of the cervical spine on 01-15-2014 which showed a cyst within the left C6-7 and C7-T1 neural foramina and C1-2, mild cord compression at C4-5, C5-6, and C6-7, multilevel neural foraminal narrowing on the right C3-4, on the right at C4-5, bilaterally at C5-6 and bilaterally at C6-7 due to uncovertebral and facet arthropathy, and swelling within the left transverse process of C7 and spinous process of C7 consistent with a fracture; x-rays of the cervical spine on 02-26-2014 which showed a fracture of the posterior aspect of the C7 spinous process and degenerative spondylotic changes with reduced intervertebral disc heights predominantly at C5-6 and C6-7 levels; and an MRI of the left shoulder on 07-03-2014 which showed mild marrow swelling at the greater tuberosity of the humerus, and mild subdeltoid bursitis. The progress note dated 07-27-2015 indicates that the injured worker complained of increased pain. He stated that he had an acute flare-up of his cervical spine pain and went to the emergency room. The injured worker also complained of left shoulder pain with decreased range of motion. He rated his pain level 10 out of 10 (06-29-2015 to 07-27-2015). It was noted that the methadone was discontinued and the injured worker was

currently taking Norco, 4-6 a day. He stated that the Norco was not working for him any longer, and that he had only short-term pain relief that took the edge off. The physical examination showed a slow gait; cervical flexion at 10 degrees; cervical extension at 10 degrees with pain in both directions; positive bilateral facet loading test; positive Spurling's sign on the left side; and decreased left shoulder range of motion. The medical report from which the request originates was not included in the medical records provided for review. The request for authorization was dated 08-20-2015. The treating physician requested Methadone 10mg #90 and Norco 10-325mg #90. On 08-26-2015, Utilization Review (UR) non-certified the request for Methadone 10mg #90 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as methadone, therefore is not medically necessary.

Norco 10-325mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring; the medical records do not support the continued use of opioids such as norco, therefore is not medically necessary.