

Case Number:	CM15-0020312		
Date Assigned:	02/09/2015	Date of Injury:	12/20/2008
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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, Washington

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 41-year-old female who reported an injury on 12/20/2008. The mechanism of injury was not stated. The previous request for methadone HCl, baclofen, and oxycodone HCl had been certified on 01/07/2015. The injured worker had been diagnosed with cervicalgia, chronic opioid use, facet joint arthropathy, degenerative disc disease, and brachial neuritis. Her previous treatments included medication, work restrictions, rest, chiropractic therapy, and psychotherapy. The prior cervical MRI, performed by a [REDACTED] on 03/21/2012, identified degenerative disc disease at C5-6 with disc bulging and mild encroachment at the entry zone of the right lateral foramen. Her medication list included Cymbalta, Valium, Provigil, Zofran, baclofen, methadone, and morphine as of 11/13/2014. When she was seen on 12/11/2014, she had radiating neck pain graded as a 5/10 into the right upper extremity. The medications had been partially certified for tapering purposes with the injured worker provided a 1 week supply of each medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61, 74-96.

Decision rationale: According to the California MTUS Guidelines, methadone is recommended to treat severe pain as a second line drug of choice. The guidelines further indicate that for ongoing use of narcotics, there must be documentation of compliance with the medication regimen to include a current urine drug screen, a current signed pain contract, or a current pill count. However, the most recent clinical documentation was dated from 2014 with no current urine drug screen, signed pain contract, or a current pill count provided to indicate that the injured worker had been compliant with her medication regimen. Additionally, there was no documentation of functional improvement or symptom relief with the use of the methadone. Therefore, ongoing use cannot be warranted. As such, the medical necessity has not been established.

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY DRUGS Page(s): 64.

Decision rationale: Under the California MTUS Guidelines, baclofen is an antispasticity medication recommended for treatment of spasticity or muscle spasms related to multiple sclerosis or spinal cord injuries. In the case of this injured worker, there is no current clinical documentation identifying any spasticity related to the injuries previously stated. Although this medication should not be abruptly discontinued with tapering recommended, ongoing use cannot be supported at this time. The medical necessity has not been established.

Oxycodone HCL 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Under the California MTUS Guidelines, ongoing use of opioids must be supported with identification of medication compliance with a current urine drug screen, current signed pain contract, or a current pill count as well as indication that the medication has been sufficient in reducing the injured worker's overall symptoms and improving their functional ability. Therefore, without having a current comprehensive physical examination for review to

support ongoing use of this medication, the oxycodone HCl cannot be supported at this time. As such, the medical necessity has not been established.