

Case Number:	CM15-0037860		
Date Assigned:	03/06/2015	Date of Injury:	05/27/2003
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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 53 year old female sustained an industrial injury on 5/27/03. She subsequently reports ongoing neck and right shoulder pain as well as headaches. Diagnoses include cervical spondylosis, degenerative cervical disc disease and reflex sympathetic dystrophy of the upper limb. The injured worker has undergone surgeries of the right shoulder. Treatments to date have included prescription pain medications. On 1/30/15, Utilization Review partially-certified a request for Methadone 10mg #90 w/1 refill and Percocet 10/325mg #120 w/ 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90 w/1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/20/15 progress report provided by the treating physician, this patient presents with chronic neck and right arm/hand pain, headache, RSD RUE, and an increase in overall pain since last visit due to lack of having meds for last 3 weeks, with current pain rated 7/10 on VAS scale. The treater has asked for on 1/20/15. The patient's diagnoses per Request for Authorization form dated 1/22/15 are spasm of muscle, degenerative cervical intervertebral disc, reflex sympathetic dystrophy, cervical spondylosis without myelopathy. The patient is s/p SCS implantation, right shoulder labrum repair from May 2006, and biceps tenodesis from October 2008 per 11/7/14 AME report. The patient's current medications are Cambia, Celebrex, Lorzone, Lyrica, Methadone, Percocet as of 1/20/15 report. The patient is temporarily totally disabled. MTUS Guidelines 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 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. Methadone has been included in patient's medications per treater reports dated 8/5/14, 11/25/14 and 1/20/15. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. The treater does mention "she didn't get the methadone for a month until yesterday and her pain was significantly worse without it" per 11/25/14 report. However, there are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. A urine drug screen on 1/17/13 had consistent results, but there is no documentation of a more recent urine drug screen. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Percocet 10/325mg #120 w/ 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/20/15 progress report provided by the treating physician, this patient presents with chronic neck and right arm/hand pain, headache, RSD RUE, and an increase in overall pain since last visit due to lack of having meds for last 3 weeks, with current pain rated 7/10 on VAS scale. The treater has asked for Percocet 10/325MG #120 with 1 refill on 1/20/15. The patient's diagnoses per Request for Authorization form dated 1/22/15 are spasm of muscle, degenerative cervical intervertebral disc, reflex sympathetic dystrophy, cervical spondylosis without myelopathy. The patient is s/p SCS implantation, right shoulder labrum repair from May 2006, and biceps tenodesis from October 2008 per 11/7/14 AME report. The patient's current medications are Cambia, Celebrex, Lorzone, Lyrica, Methadone, Percocet as of 1/20/15 report. The patient is temporarily totally disabled. MTUS Guidelines 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 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. Percocet has been included in patient's medications per treater reports dated 8/5/14, 11/25/14 and 1/20/15. In this case, the treater does state that "when she has the pain meds, she is able to do her activities of daily living" per 1/20/15 report. However, the treater has not stated how Percocet reduces pain and significantly improves patient's activities of daily living by documenting specific examples. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. A urine drug screen on 1/17/13 had consistent results, but there is no documentation of a more recent urine drug screen. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.