

<b>Case Number:</b>	CM15-0040904		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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:

The injured worker is a 42-year-old female, who sustained an industrial injury on December 20, 2008. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having cervicalgia, arthropathy of the cervical facet joint, degenerative disc disease, brachial neuritis, and chronic use of opiate drugs for therapeutic purposes. Treatment to date has included 8 sessions of chiropractic treatments and medication. Currently, the injured worker complains of neck pain with radiation to the right shoulder and right arm, with headaches and upper extremity weakness. The Primary Treating Physician's report dated January 8, 2015, noted the injured worker was receiving opioids for neck pain, with current medications noted as Cymbalta, Valium, Provigil, Zofran, Methadone, and MS IR, with Baclofen discontinued. Tenderness was noted of the paravertebral muscles at C3-C7, with cervical area, right arm, right forearm, right hand and fingers painful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 tablets of Methadone HCL 5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**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 01/08/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the right shoulder and arm. The request is for 180 tablets of Methadone HCL 5MG. RFA not provided. Patient's diagnosis on 01/08/15 included cervicalgia, arthropathy of cervical facet joint, cervical degenerative disc disease, brachial neuritis unspecified, and chronic use of opiate drugs therapeutic purposes. Treatment to date has included 8 sessions of chiropractic treatments and medication. Patient medications include Oxycodone, Methadone, Valium, Provigil, and Zofran. The patient is currently able to do activities of daily living with limitations and is able to work with limitations, per progress report dated 01/08/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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 08/20/14, 11/13/14 and 01/08/15. Per progress report dated 01/08/15, treater states "changed Methadone #180, 30 days starting 01/08/15, No Refill." In this case, the patient is currently able to work with limitations and perform limited activities of daily living, which shows significant improvement in function. Opioid pain agreement is on file and patient reports no adverse effects. However, in addressing analgesia, there are no pain scales or validated instruments. Urine drug test dated 12/11/14 revealed inconsistent results, and there are no specific discussions regarding aberrant behavior. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS results, the request WAS NOT medically necessary.

**120 tablets of Oxycodone HCL 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**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 01/08/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the right shoulder and arm. The request is for 120 tablets of Oxycodone HCL 30MG. RFA not provided. Patient's diagnosis on 01/08/15 included cervicalgia, arthropathy of cervical facet joint, cervical degenerative disc disease, brachial neuritis unspecified, and chronic use of opiate drugs therapeutic purposes. Treatment to date has included 8 sessions of chiropractic treatments and medication. Patient medications include Oxycodone, Methadone, Valium, Provigil, and Zofran. The patient is currently able to do activities of daily living with limitations and is able to work with limitations, per progress report

dated 01/08/15. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. Oxycodone has been included in patient's medications per treater reports dated 08/20/14, 11/13/14 and 01/08/15. In this case, the patient is currently able to work with limitations and perform limited activities of daily living, which shows significant improvement in function. Opioid pain agreement is on file and patient reports no adverse effects. However, in addressing analgesia, there are no pain scales or validated instruments. Urine drug test dated 12/11/14 revealed inconsistent results, and there are no specific discussions regarding aberrant behavior. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS results, the request WAS NOT medically necessary.

**120 tablets of Zofran 8mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Antiemetics (for opioid nausea).

**Decision rationale:** Based on the 01/08/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the right shoulder and arm, and headaches. The request is for 120 tablets of Zofran 8MG. RFA not provided. Patient's diagnosis on 01/08/15 included cervicalgia, arthropathy of cervical facet joint, cervical degenerative disc disease, brachial neuritis unspecified, and chronic use of opiate drugs therapeutic purposes. Treatment to date has included 8 sessions of chiropractic treatments and medication. Patient medications include Oxycodone, Methadone, Valium, Provigil, and Zofran. The patient is currently able to do activities of daily living with limitations and is able to work with limitations, per progress report dated 01/08/15. ODG Guidelines, Pain (Chronic) Chapter, under Antiemetics (for opioid nausea) states: "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Zofran has been included in patient's medications per treater reports dated 08/20/14, 11/13/14 and 01/08/15. ODG guidelines recommend Ondansetron only for post-operative use and in patients suffering from nausea and vomiting secondary to chemotherapy and radiation treatment. The medication is not indicated for nausea secondary to headaches and cervical pain. Therefore, the request IS NOT medically necessary.