

<b>Case Number:</b>	CM15-0045387		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 48 year old male who sustained a work related injury May 6, 2008. He was struck by falling bales of hay. According to a treating physician's progress report dated January 26, 2015, the injured worker presented with intractable right shoulder girdle pain, neck pain, and pain in his right lateral chest wall. He has a 50% reduction in pain and functional improvement with activities of daily living with medication. He rates his pain 4/10 with medication and 10/10 without medication. He uses a TENS unit daily. Diagnoses included history of comminuted fracture in the right scapula; neuropathic pain; chronic rotator cuff tendinopathy; s/p chest tube placement for hemothorax and pneumothorax in the right rib area with ongoing hypersensitivity s/p multiple fractures due to chest trauma with possible residual neuroma at the scar site; s/p depression/anxiety disorder following industrial injury; post-concussive headaches, stable. Treatment plan included refill of medications, continuing exercise program, and follow-up with psychiatrist.

### 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 Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #90 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. In this case, the injured worker's working diagnoses are comminuted fracture right scapular with intractable shoulder pain; neuropathic burning pain right upper extremity; rotator cuff tendinopathy, chronic; status post chest tube for hemothorax and pneumothorax; depression anxiety disorder; and postconcussive headaches stable. An October 9, 2012 progress note shows the current medications include Kadian (Morphine sulfate), Norco, Lyrica, Abilify and Cymbalta. In a January 30, 2013 progress note the documentation states "continue" Methadone 10 mg TID. There is no progress note in the medical record addressing the start date of Methadone or the clinical indication or clinical rationale for Methadone. Additionally, a second opiate Norco 10/325 was prescribed and being taken five tablets per day. In subsequent progress notes dated December 29, 2014 and January 26, 2015, the injured worker has a pain scale of 9/10 with medications. The pain scale is 10/10 without medications. Methadone and Norco offer minimal functional improvement and pain relief over subsequent visits. There is no objective functional improvement with ongoing Methadone 10 mg. There is no objective functional improvement with concurrent Norco. There were no pain assessments in the medical record and there were no risk assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement with an initial clinical indication and rationale for Methadone and a minimal response to treatment both, subjectively and objectively, in terms of objective functional improvement, Methadone 10 mg #90 is not medically necessary.

**Norco 10/325mg #140:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 140 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. In this case, the injured worker's working diagnoses are comminuted fracture right scapular with intractable shoulder pain; pain assessments and risk assessments neuropathic burning pain right upper extremity; rotator cuff tendinopathy, chronic; status post chest tube for hemothorax and pneumothorax; depression anxiety disorder; and postconcussive headaches stable. An October 9, 2012 progress note shows the current medications include Kadian (morphine sulfate), Norco, Lyrica, Abilify and Cymbalta. In a January 30, 2013 progress note the documentation states "continue" Norco and Methadone 10 mg TID. Norco 10/325 was prescribed at five tablets per day. In subsequent progress notes dated December 29, 2014 and January 26, 2015, the injured worker has a pain scale of 9/10 with medications. The pain scale is 10/10 without medications. Norco (and Methadone) offer minimal functional improvement and pain relief over subsequent visits. There is no objective functional improvement with ongoing Norco. There is no objective functional improvement with concurrent Norco. There were no pain assessments in the medical record and there were no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, detailed pain assessments and risk assessment, and a minimal response both subjectively and objectively ongoing Norco, Norco 10/325 mg # 140 is not medically necessary.