

<b>Case Number:</b>	CM15-0045649		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/26/2015
<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  
 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 40 year old female, who sustained an industrial injury on December 3, 2010. She reported an injury to her left neck, shoulder and back during a motor vehicle accident with associated diagnoses of cervical strain, trapezius strain, scapular strain and headaches. The diagnosis associated with the request is pain in the joint, pelvic region and thigh. Treatment to date has included medications, sacroiliac injection, physical therapy, acupuncture therapy, facet joint injections, implantation of a vagal nerve stimulator, cognitive therapy, and imaging of the cervical spine and lumbar spine. Currently, the injured worker complains of pain in the left neck, shoulder and upper back. On examination she reports tenderness to palpation of the paravertebral muscles of the cervical spine, trapezius and upper lumbar paravertebral muscles. She reports pain with palpation of the left hip. A Romberg test was within normal limits and she can tandem walk with some difficulty. The evaluating physician noted an impression of unresolved pain in the left neck, shoulder, lumbosacral area, left hip, migraine headaches and seizure disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 212-214, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Recommend that dosing not exceed 120 mg oral morphine equivalents per day. 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). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. The progress report dated 12/23/14 documented chronic pain in the neck, shoulder, low back, and bilateral hips. The physician had constantly advised that the patient needs to attend an in house opioid withdrawal program. This option had been offered to the patient multiple times but she has always refused. The physician had requested pain specialty consultation and the patient has reluctantly agreed. No physical examination was documented. Methadone and Norco were requested. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The request for Norco 10/325 mg is not supported by MTUS & ACOEM guidelines. Therefore, the request for Norco Hydrocodone/APAP 10/325 mg is not medically necessary.

**Methadone 5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 212-214, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Methadone Page 61-62.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to

improve pain and function. Methadone is a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Recommend that dosing not exceed 120 mg oral morphine equivalents per day. 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). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. The progress report dated 12/23/14 documented chronic pain in the neck, shoulder, low back, and bilateral hips. The physician had constantly advised that the patient needs to attend an in house opioid withdrawal program. This option had been offered to the patient multiple times but she has always refused. The physician had requested pain specialty consultation and the patient has reluctantly agreed. No physical examination was documented. Methadone and Norco were requested. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The request for Methadone is not supported by MTUS & ACOEM guidelines. Therefore, the request for Methadone is not medically necessary.