

Case Number:	CM15-0082305		
Date Assigned:	05/04/2015	Date of Injury:	09/25/2003
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female, who sustained an industrial injury on 09/25/2003. According to a progress report dated 03/13/2015, the injured worker had a history of complex regional pain syndrome. She felt sharp pain radiating from the neck to the shoulder and toward the arm on the right side and pain in the mid back. Pain was rated 7 on a scale of 1-10 with medications and 9 without medications. Medication regimen, activity restriction and rest helped keep pain within a manageable level to allow her to complete necessary activities of daily living such as walking, shopping and light household chores. Medications had been denied and she was in severe pain. She was currently not working. The provider requested authorization for an MRI of the cervical spine and right shoulder. The injured worker's whole right arm was swollen and she was unable to hold any objects with her right hand. Medication regimen included Methadone, Norco and Lunesta. Side effects of her medication regimen included constipation which was adequately controlled with medications. Her mood, sleeping and concentration were significantly affected by her pain and her activities of daily living were significantly decreased. She could not do chores but could walk. Prescriptions were given for Methadone HCL 10 mg by mouth every 4-6 hours and Norco 325 mg-10mg one tablet by mouth three times a day. Currently under review is the request for Methadone HCL and a MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #180 (do not fill before 3/29/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Methadone Page(s): 61, 76-79.

Decision rationale: According to MTUS guidelines, Methadone: Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. There is no documentation of patient compliance with her medications. Therefore, the prescription of Methadone HCL 10mg #180 (do not fill before 3/29/15) is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: According to MTUS guidelines, MRI of the shoulder is recommended in case of rotator cuff tear, impingement syndrome, tumors and infections. There is no documentation file of any of the above pathologies. Therefore, the request for MRI Right Shoulder is not medically necessary.