

Case Number:	CM14-0166125		
Date Assigned:	10/13/2014	Date of Injury:	05/06/2008
Decision Date:	11/13/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury on 5/6/08. It was indicated that at the time of the incident, 80-100 bales of hay came loose and fell on top on him knocking him unconscious. He was diagnosed with (a) history of comminuted fracture in the right scapula with intractable shoulder pain, electromyogram nerve studies are negative for scapular nerve injury; (b) component of neuropathic pain in the upper extremity, improved with Lyrica use; (c) history of rotator cuff tendinopathy, improved with prior cortisone injections with flare-up of tendinopathy; (d) chest tube placement for hemothorax and pneumothorax with ongoing hypersensitivity at the scar incision site and history of multiple rib fractures as well; (e) history of amputation of the digits of the left hand, nonindustrial; (e) posttraumatic stress disorder and reactive depression, stable with psychotropic medications and psychotherapy treatment; and (f) history of post concussive headaches, stable. In his most recent evaluation on 9/4/14, it was indicated that he complained of intractable right shoulder pain. He stated that the cortisone injection that was previously provided helped dull his pain down for about three to four months. He continued in water therapy in the gym and he utilized a transcutaneous electrical nerve stimulation unit as well which he think has been really helpful. He also stated that the medications being provided to him are helpful and that he could not function without it. He further reported that there was 50% reduction of pain and 50% functional improvement. The examination of the right shoulder revealed limited range of motion, tenderness with spasm over the right shoulder girdle muscles and extending to the right cervical paraspinal musculature, as well as crepitus noted upon circumduction with positive Impingement sign. The examination of the cervical spine revealed limited range of motion and cervical compression caused neck pain. Further examination of his lateral chest wall on the right side revealed that his chest tubes continued to reveal hypersensitivity to touch. A steroid injection in the right shoulder was given

after discussion of the risks and benefits. Medications were refilled. This is a review of the requested methadone 10mg, #90 and Norco 10/325 mg, #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain, Methadone Page(s): 61-62, 74-75, 78, 80-8.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that this medication is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. This medication is under the drug class opioids or narcotic analgesics which are not recommended by guidelines to be used as long-term treatment for chronic pain due to its potential to be misused and abused. In addition, the referenced guidelines recommend that for opioids like methadone, the provider should conduct on-going monitoring using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The pain assessment should include current pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Within the medical records provided for review, the requesting physician did not include an adequate documented assessment of the injured worker's pain including the least reported pain over the period since the last assessment, intensity of pain after taking methadone, how long it takes for pain relief, and how long the pain relief lasts. Also, there was no documentation that the injured worker has undergone urine drug screens for medication compliance monitoring and there was no adequate evidence of significant objective functional improvement with the use of methadone nor was there any assessment indicating if the injured worker had side effects with medication or a lack thereof. Therefore, it can be concluded that the medical necessity of the methadone 10mg, #60 is not established.

1 prescription of Norco 10/325mg #140: 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 Page(s): 78-80.

Decision rationale: The medical records received have limited information to support the necessity of Norco 10/325mg, #140 at this time. The Chronic Pain Medical Treatment Guidelines indicate that opioids are not recommended in the chronic term however if it is to be utilized for long-term usage criteria were made and is needed to be met in order to continue with medical management using opioids. It also indicate that there should be documentation of one

provider providing the prescription of opioids, the lowest dosage should be provided and documented, there should be documentation of a decrease in pain levels and significant functional improvements, documentation of the duration of pain relief secondary to opioid usage, documentation of urine drug screening test, and documentation of possible abuse or aberrant behavior secondary to opioid usage. In this case, review of this injured worker's records indicates that he has been utilizing opioids and other medications in the long-term. More specifically, most recent medical records dated 9/4/14 did not indicate that the injured worker has improved level of functioning with the continued use of his medications. There is no objective documentation of decrease in pain levels and significant functional improvements as well as documentation of urine drug screening test done. In addition, he has not been able to return to work. This medication is also indicated to address any breakthrough pain or flare-ups; however, there is no documentation that he is experiencing such events. Based on these reasons, the medical necessity of the requested Norco 10/325 milligrams #140 is not established.