

Case Number:	CM14-0211304		
Date Assigned:	12/24/2014	Date of Injury:	12/20/2008
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 12/20/2008. This patient receives treatment for chronic neck pain. The initial injury occurred when the injured worker slipped and fell on an icy surface. Medical documentation about the original injury was not provided. The patient's diagnoses include cervical spine facet joint disease, brachial neuritis, and chronic opioid dependence. The patient was prescribed baclofen, oxycodone, morphine sulfate, methadone, Valium, Provigil, and Cymbalta. On examination there was trapezius muscle tenderness and neck tenderness from C3-C7.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck and upper extremity pain. The patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Methadone is not recommended to be used with other opioids. Based on the documentation treatment with methadone is not medically indicated.

90 tablets of Baclofen 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines relaxants (for pain) Page(s): 63-65.

Decision rationale: Non-sedating muscle relaxants are to be used with caution as a second-line option for the short-term treatment of acute exacerbations in patients with musculoskeletal pain. Specifically, baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries, which this patient does not have. Based on the documentation, baclofen is not medically indicated.

120 tablets of Oxycodone HCL 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck and upper extremity pain. The patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. The patient receives methadone. Based on the documentation treatment with Oxycodone is not medically indicated.