

<b>Case Number:</b>	CM14-0214736		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Physical Medicine & Rehabilitation

### 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 patient is a 48-year-old female with an injury date of 03/04/2002. Based on the 05/29/2014 progress report, the patient has poor quality of sleep. In regards to her wrist, Phalen's sign is positive, Tinel's sign is positive, range of motion is limited by pain, there is mild swelling in the 5th digit, the right hand, and both the 5th digit and 2nd joint are enlarged/deformed. On sensory examination, sensation to pinprick is decreased over her thumb, medial hand, lateral hand, medial forearm on the right side, thumb, radial wrist, and forearm on the left side. The 07/17/2014 report indicates that the patient is poorly groomed. No additional positive exam findings are provided on this report. The patient's diagnoses include the following: Wrist pain (both).Carpal tunnel syndrome (right).The utilization review determination being challenged is dated 11/25/2014. Treatment reports are provided from 05/29/2014 - 11/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #210 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88, 89.

**Decision rationale:** The patient presents with wrist pain and carpal tunnel syndrome. The request is for METHADONE 10 MG #210 WITH 1 REFILL. The patient has been taking methadone as early as 05/29/2014. None of the reports provided discuss what methadone has done for the patient's pain and function. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 09/11/2014 report indicates that the patient has "no new problems or side effects. Pain level has remained unchanged since last visit. Her activity level has increased." Although the patient does not have any side effects, not all 4 A's are addressed as required by MTUS Guidelines. The treater fails to provide any pain scales and there are no examples of specific ADLs which demonstrate medication efficacy. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcomes measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested methadone IS NOT medically necessary.

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88, 89.

**Decision rationale:** The patient presents with wrist pain and carpal tunnel syndrome. The request is for NORCO 10/325 #180. The patient has been taking Norco as early as 05/29/2014. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 09/11/2014 report states that the patient has "no new problems or side effects. Pain level has remained unchanged since the last visit. Her activity level has increased." Although the patient does not have any side effects, not all of the 4 A's are addressed as required by MTUS Guidelines. The treater fails to provide any pain scales or examples of specific ADLs which demonstrate medication efficacy. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance is not addressed. The treating physician has failed to provide

the minimum requirements of documentation that are outlined in MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.