

Case Number:	CM14-0218572		
Date Assigned:	01/09/2015	Date of Injury:	12/03/2010
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This is a 40 year old female who has sustained many injuries (most resulting from motor vehicle accidents) the most recent on 12/3/10 resulting in shoulder and neck pain. She has a history of seizures. Treatment has been pain medication and muscle relaxants. She complains of pain in left lateral elbow extending into the fingers, bilateral hip pain, non-radicular low back pain, left knee pain, left shoulder, neck and intrascapular pain, constant headaches, left toe pain and flare up of seizure disorder. X-ray of left shoulder on 6/4/13 revealed no definite abnormalities. There is documentation of multiple visits to pain center. The physical exam dated 11/25/14 she reports suffering from petit mal seizures and most pain is in left neck, shoulder and upper back. Physical exam revealed pain with palpation of the paravertebral muscles of the cervical spine and in the trapezius and upper lumbar paravertebral musculature. Pain is also noted with palpation in the left hip. She has not worked since 12/3/10. On 12/18/14 Utilization Review modified a certification for 1 prescription of Methadone 5mg # 90 to Methadone 5 mg #48 and Hydrocodone/APAP 10/325 mg #120 to #96 noting for Methadone, this is chronic pain and MTUS regulations state it is a second line drug for moderate to severe pain, since starting Methadone there is no documentation of meaningful change in her presentation, current clinical documentation provides no quantified measure of pain, function or quality of life. Regarding Hydrocodone it has been indicated the injured worker wean opioids based on the lack of clinical documentation demonstrating ongoing effectiveness in controlling pain, improving function and quality of life; furthermore, hydrocodone has a serious drug-drug interaction with phenytoin that can be life threatening. The MTUS, chronic pain guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic back, left hip and left shoulder pain. The patient also complains of headaches. The current request is for METHADONE 5MG #90. The 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 validated instrument." MTUS page 78 also requires documentation of the 4 A's (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 patient's current medications include ibuprofen 600mg, methadone 5mg Q8 hours and Hydrocodone 10/325mg 1 q 6 hours. This patient has been utilizing Methadone as early as 4/10/14. Progress report dated 10/28/14 notes that the patient continues with a "great deal of pain." The patient reported that her current medications are "really not enough medication" to relieve her pain. Progress report dated 8/7/14 notes that the patient has increased her Hydrocodone intake during the day and is exceeding the amount that she should be taking and is running out of medications. On 6/25/14, the treating physician documented that the patient's pain is "a constant fluctuating pain from 3/10 to 7/10. Today's pain is somewhere around 5." In this case, recommendation for refill of Methadone cannot be made, as the treating physician has not provided any specific functional improvement, changes in ADL's, or change in work status to show significant functional improvement. The medical file also does not provide any discussion regarding possible adverse side effects, and aberrant behaviors are not addressed. There is no drug screen or CURES report provided to monitor for compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Methadone IS NOT medically necessary and recommendation is for slow weaning per MTUS guidelines.

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: This patient presents with chronic back, left hip and left shoulder pain. The patient also complains of headaches. The current request is for HYDROCODONE/APAP 10/325MG #120. The 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 validated instrument." MTUS page 78 also requires documentation of the 4 A's (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 patient's current medications include ibuprofen 600mg, methadone 5mg Q8 hours and Hydrocodone 10/325mg 1 q 6 hours. This patient has been utilizing Hydrocodone as early as 6/18/13. Progress report dated 10/28/14 notes that the patient continues with a "great deal of pain." The patient reported that her current medications are "really not enough medication" to relieve her pain. Progress report dated 8/7/14 notes that the patient has increased her Hydrocodone intake during the day and is exceeding the amount that she should be taking and is running out of medications. On 6/25/14, the treating physician documented that the patient's pain is "a constant fluctuating pain from 3/10 to 7/10. Today's pain is somewhere around 5." In this case, recommendation for refill of Hydrocodone cannot be made, as the treating physician has not provided any specific functional improvement, changes in ADL's, or change in work status to show significant functional improvement. The medical file also does not provide any discussion regarding possible adverse side effects, and aberrant behaviors are not addressed. There is no drug screen or CURES report provided to monitor for compliance. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Hydrocodone IS NOT medically necessary and recommendation is for slow weaning per MTUS guidelines.