

Case Number:	CM15-0019162		
Date Assigned:	02/09/2015	Date of Injury:	01/21/2005
Decision Date:	03/31/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 46 year old female sustained an industrial injury on 1/21/05. She subsequently reports right shoulder and bilateral knee pain. Diagnoses include cervicgia, chondromalacia patellae, joint pain left leg and sprain of rotator cuff. The injured worker has undergone right shoulder and left knee surgery. Treatment to date has included physical therapy. Current medications include Methadone, Naprosyn and Norco. On 1/29/15, Utilization Review denied the requests for Methadone 10mg #90 and a [REDACTED] membership. On 1/29/15, Utilization Review partially-certified the request for Norco 10/325mg #90--modified to Norco 10/325mg #45. The [REDACTED] membership was denied based on ODG Low Back guidelines. The decisions to modify Norco and deny Methadone were based on MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #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: Based on the 01/12/15 progress report provided by treating physician, the patient presents with antalgic gait, knee pain and anxiety. The request is for METHADONE 10MG #90. Patient's diagnosis per Request for Authorization form dated 01/22/15 included major depressive disorder and chronic pain associated with psychological factors. Patient is status post right rotator cuff repair, date unspecified. Diagnosis on 12/24/14 included bilateral knee chondromalacia, arthritis and right shoulder long head of the biceps tendinitis right shoulder. Patient's medications include Methadone, Norco, Naproxen, Escitalopram, Trazodone, and Venlafaxine. Patient may work modified duty, per treater report dated 01/26/14. 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. Per progress report dated 05/12/14, patient takes Methadone for pain and reports no side effects and is doing reasonably well with medications. It is not known when Methadone was initiated. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Urine drug test dated 09/29/14 revealed inconsistent results. There are no specific discussions regarding aberrant behavior, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconstent UDS, the request IS NOT medically necessary.

Norco 10/325mg #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: Based on the 01/12/15 progress report provided by treating physician, the patient presents with antalgic gait, knee pain and anxiety. The request is for NORCO 10/325MG #90. Patient's diagnosis per Request for Authorization form dated 01/22/15 included major depressive disorder and chronic pain associated with psychological factors. Patient is status post right rotator cuff repair, date unspecified. Diagnosis on 12/24/14 included bilateral knee chondromalacia, arthritis and right shoulder long head of the biceps tendinitis right shoulder. Patient's medications include Methadone, Norco, Naproxen, Escitalopram, Trazodone, and Venlafaxine. Patient may work modified duty, per treater report dated 01/26/14. 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. Per progress report dated 05/12/14, patient takes Norco for pain and reports no side effects and is doing reasonably well with medications. It is not known when Methadone was initiated. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. Urine drug test dated 09/29/14 revealed inconsistent results. There are no specific discussions regarding aberrant behavior, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS, the request IS NOT medically necessary.

██████ **membership:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Gym memberships

Decision rationale: Based on the 01/12/15 progress report provided by treating physician, the patient presents with antalgic gait, knee pain and anxiety. The request is for ████████ MEMBERSHIP. Patient's diagnosis per Request for Authorization form dated 01/22/15 included major depressive disorder and chronic pain associated with psychological factors. Patient's medications include Methadone, Norco, Naproxen, Escitalopram, Trazodone, and Venlafaxine. Per progress report dated 05/12/14, patient takes Norco and Methadone for pain and reports no side effects and is doing reasonably well with medications. Patient may work modified duty, per treater report dated 01/26/14. MTUS and ACOEM guidelines are silent regarding gym membership. ODG, Knee & Leg Chapter, Gym memberships, states, "Not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals." Per progress report dated 01/12/15, treater states "this is a patient who was exercising regularly when she had a ████████ membership. The ████████ membership allowed her to use the pool and to exercise and it really did help her knee. I am going to request that that be authorized for her. I think without it, it ends up with the patient requiring higher doses of medicines which I really don't want to do. I also don't want her to be as depressed." However, there is no documentation of specific need for a special equipment and why the patient is unable to do the necessary exercises at home. MTUS does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision/monitoring is provided. Furthermore, treater has not documented duration of membership in the request. Therefore, the request IS NOT medically necessary.