

Case Number:	CM15-0111970		
Date Assigned:	06/18/2015	Date of Injury:	05/06/1998
Decision Date:	07/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old female who sustained an industrial injury on 05/06/1998. The injured worker was diagnosed with rotator cuff tear post repair, complex regional pain syndrome of the right upper extremity, right cubital tunnel syndrome, and carpal tunnel syndrome of the right hand. The injured worker is status post right shoulder girdle arthroscopy for rotator cuff tear with three revisions (no dates documented). Treatment to date has included diagnostic testing, surgery, physical therapy, pain management, cortisone injections and medications. According to the primary treating physician's progress report on May 21, 2015, the injured worker continues to experience right neck and girdle area pain with a cramping sensation. The injured worker rates her pain level at 10/10 without medications, at best with medications 4/10 and currently at 8/10. The injured worker is self-procuring the cost of pain medications. Examination of the right shoulder demonstrated crepitus on circumduction passive range of motion. Positive impingement signs were present and the injured worker had limited range of motion. There was allodynia to light touch with the right upper extremity cold to touch. Positive Phalen's and Tinel's signs were documented in the right hand and positive Tinel's in the ulnar groove of the elbow. Neck range of motion was limited in all planes with cervical compression causing neck pain with radiation to the right shoulder blade area. Negative Valsalva and Hoffmann maneuvers were noted. Motor, sensation and deep tendon reflexes of the upper extremities were grossly intact. Current medications are listed as Norco, Methadone, Clonidine, Flexeril, Senokot and Omeprazole. Treatment plan consists of resuming exercise program and the current request for Methadone 5mg and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and ongoing management Page(s): 61-62 and 78-80.

Decision rationale: Methadone 5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Methadone without significant evidence of functional improvement and there have been prior requests for weaning therefore the request for continued Methadone is not medically necessary.

Senokot #60: 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 Initiating therapy Page(s): 77.

Decision rationale: Senokot #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that prophylactic treatment of constipation should be initiated when the patient is on opioids. The documentation indicates that the Methadone/opioids are not medically necessary due to lack of functional improvement therefore the request for Senokot is not medically necessary.