

Case Number:	CM15-0123047		
Date Assigned:	08/03/2015	Date of Injury:	05/06/2008
Decision Date:	09/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Emergency 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 48-year-old male who sustained an industrial injury on 05-06-2008. Current diagnoses include communicated fracture, right scapula with ongoing right shoulder pain, neuropathic component of burning pain in the right upper extremity, history of chest tube placement for hemothorax and pneumothorax with history of multiple rib fractures with ongoing hypersensitivity scar at the chest tube site, development of severe depression and anxiety disorder, post-concussive headaches, and right rotator cuff tendinopathy. Previous treatments included medications, psychological/psychiatric evaluation and treatment, water therapy, steroid injections, TENS unit, and self-exercise program. Report dated 05-18-2015 noted that the injured worker presented with complaints that included throbbing pain in the right shoulder. Other complaints include depression and entertaining suicidal thoughts. Pain level was 9 (current), 4 (with medications), and 10 (without medications) out of 10 on a visual analog scale (VAS). The injured worker reported 50% reduction in pain and 50% functional improvement with medications. Physical examination of the right shoulder was positive for very limited range of motion with crepitus, positive impingement sign, and palpable spasm in the right cervical trapezius muscle. Thoracic examination revealed sensitivity to light touch over his chest tube insertion site with persisting large scar with hypersensitivity over the area. Examination of the neck revealed limited range of motion. The treatment plan included refilling methadone for chronic pain, Norco for break through pain, Lyrica for neuropathic pain, baclofen for shoulder girdle spasms, Lodine for inflammation, Colace for constipation from narcotic use, Senokot for constipation from narcotic use, dispensed samples of Latuda for depression, dispensed samples of Pristiq for depression, request for a consultation for a

functional restoration program evaluation, and follow up in 4 months. The physician noted that the injured worker requires pain medications to keep him functional, he is under a narcotic contract, and urine drug screens have been appropriate. The physician documented that the injured worker had a EMG of the right shoulder which was negative for scapular nerve injury. Disputed treatments include 1 prescription of Methadone 10mg #90, 1 prescription of Norco 10/325mg #140, 1 prescription of Lyrica 300mg #60, 1 prescription of Baclofen 10mg #45, 1 Functional Restoration Program Evaluation, and 1 prescription of Senokot #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 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 Functional improvement, Methadone, Opioids section Page(s): 1, 61-62, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Methadone.

Decision rationale: According to the California MTUS and Official Disability Guidelines (ODG), "Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand, only lasts from 4-8 hours. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, the patient has ongoing right shoulder pain. There is no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, or updated urine drug testing. In addition, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Additionally, the request does not include frequency or dosing. The request for 1 prescription of Methadone 10mg #90 is not medically necessary.

1 prescription of Norco 10/325mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. In this case, the patient has ongoing right shoulder pain. There is no documentation of CA MTUS opioid compliance guidelines including a risk assessment profile, or updated urine drug testing. In addition, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The request for 1 prescription of Norco 10/325mg #140 is not medically necessary.

1 prescription of Lyrica 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs), Lyrica Page(s): 16, 58.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This patient has been taking Lyrica, in addition to narcotic analgesics, for an extending period of time with no significant improvement documented. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED). Medical necessity for the requested medication has not been established. Therefore the request for 1 prescription of Lyrica 300mg #60 is not medically necessary.

1 prescription of Baclofen 10mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Muscle relaxants for pain Page(s): 23, 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Baclofen.

Decision rationale: The California MTUS and Official Disability Guidelines recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. The medical records submitted do not support a diagnosis of low back pain, multiple sclerosis and spinal cord injuries, dystonia, or lancinating, paroxysmal neuropathic pain. In this case, there was documentation that the injured worker had muscle spasms in the right shoulder. However, the duration of Baclofen use far exceeded the guideline criteria (of 2-3 weeks). Medical necessity for the requested muscle relaxant has not been established. Therefore the request for 1 prescription of Baclofen 10mg #45 is not medically necessary.

1 Functional Restoration Program Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 76, 81. Decision based on Non-MTUS Citation Fitness for Duty: Functional capacity evaluation.

Decision rationale: According to ODG guidelines, functional capacity evaluation is "recommended prior to admission to a work hardening program, with a preference for assessments tailored to a specific task or job." It is not recommended for routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The documentation does not support the IW's progress is approaching return to work status. The IW continues to report increasing pain despite multiple treatment approaches. There is no documentation of decreased reliance on medications. The MTUS for Chronic Pain and the Official Disability Guidelines recommend a functional capacity evaluation for Work Hardening programs, which is not the context in this case. The treating physician has not defined the components of the functional capacity evaluation. Given that there is no formal definition of a functional capacity evaluation, and that a functional capacity evaluation might refer to a vast array of tests and procedures, medical necessity for a functional capacity evaluation, cannot be determined without a specific prescription which includes a description of the intended content of the evaluation. The MTUS for Chronic Pain, in the Work Conditioning-Work Hardening section, mentions a functional capacity evaluation as a possible criterion for entry, based on specific job demands. The request for a functional capacity evaluation is not medically necessary.

1 prescription of Senokot #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic, Opioid induced constipation).

Decision rationale: The California MTUS is silent regarding Senokot. Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. Senokot is a stimulant laxative and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Senokot has not been established. The requested medication is not medically necessary.