

<b>Case Number:</b>	CM15-0125603		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	05/01/2002
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on 05/01/2002. He has reported injury to the neck, shoulders, hands, legs, feet, and low back. The diagnoses have included lumbago; complex regional pain syndrome II, left lower extremity, left foot and ankle; fracture, ankle; ankle pain, joint; overuse syndrome, right lower extremity; bilateral carpal tunnel syndrome; bilateral shoulder impingement and adhesive capsulitis; cervicalgia; cervical sprain/strain; lumbar sprain/strain; lumbar radiculopathy; myofascial pain syndrome; and status post liver transplant and kidney transplant, on 05/28/2010. Treatments have included medications, diagnostics, splinting, bracing, casting, crutches, Cam walker boot, custom orthotic, walker, motorized scooter, physical therapy, and in-home supportive services. Medications have included Oxycontin, Methadone, Norco, Duragesic Patch, Gabapentin, Lexapro, Betamethasone, Zolpidem, Miralax, Omeprazole, and Protonix. A progress note from the treating physician, dated 05/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain and weakness; back pain; neck pain; pain in the feet; pain is rated at 7/10 on the pain scale with medications; insomnia; nausea and constipation; anxiety and depression; his medications are well-tolerated; the medications help him get by; he has had a lot of help at home; and he needs help all of the time. Objective findings have included tenderness to the cervical spine; cervical spine has decreased flexion, extension, rotation, left lateral bending, and right lateral bending; tenderness to palpation of the left shoulder at the subacromial space and pain with resisted abduction; left shoulder with decreased ranges of motion; atrophy noted to the left upper extremity; right shoulder tenderness to palpation at the subacromial space and pain

with resisted abduction; decreased ranges of motion of the right shoulder; right upper extremity atrophy; left lower extremity atrophy and swelling; left ankle swelling and decreased and painful range of motion; right lower extremity atrophy, swelling, and decreased and painful range of motion; tenderness of the lumbar spine and lumbar facet joints; and decreased lumbar range of motion . The treatment plan has included the request for 1 prescription of Methadone 10mg #180; and 1 prescription of Oxycodone 30mg #180.

### **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 #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines methadone Page(s): 61-62.

**Decision rationale:** This medication is indicated as a second-line agent in the treatment of chronic pain. The long-term use of opioid therapy is only indicated when measurable outcomes in pain control and function have been achieved. The included clinical documentation for review does not show failure of all first line pain agents. The provided documentation fails to show these measurable outcome improvements. Therefore the request has not met criteria as per the California MTUS guidelines and is not medically necessary.

#### **1 Prescription Of Oxycodone 30mg #360: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.