

Case Number:	CM15-0172325		
Date Assigned:	09/14/2015	Date of Injury:	05/06/2008
Decision Date:	10/19/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 05-06-2008. He has reported subsequent neck, back, right shoulder pain and headaches and was diagnosed with history of comminuted fracture of the right scapula with ongoing shoulder pain, neuropathic component of pain and burning sensation in the right upper extremity, history of chest tube placement with multiple rib fractures, severe depression and anxiety disorder due to industrial injury, history of right rotator cuff tear with tendinopathy and post-concussive headaches. MRI of the cervical spine on 11-26-2012 showed multilevel cervical intervertebral degenerative disc disease and MRI of the thoracic spine on 11-26-2012 showed mild mid thoracic intervertebral degenerative disc disease. Treatment to date has included oral pain medication, transcutaneous electrical nerve stimulator (TENS) unit, physical therapy, a home exercise program, cortisone injections and psychotherapy. Water therapy, TENS unit and Cortisone injections were noted to be beneficial at reducing pain. The injured worker reported 50% reduction in pain and 50% functional improvement with activities of daily living with medication use. On 12-06-2012, the physician discontinued Kadian and switched the injured worker to Methadone three time a day for pain. In progress notes dated 06-15-2015 and 07-13-2015, the injured worker reported severe intractable pain of the right shoulder radiating to the right chest that was rated as 9 out of 10 those days, 10 without medication and 4 out of 10 with medication with increasing depression and suicidal ideation. The injured worker reported that all pain and antidepressant medications had been denied by the insurance carrier. Objective examination findings on 06-15-2015 and 07-13-2015 showed very limited range of motion of the right shoulder, crepitus on circumduction

passively, positive impingement sign, palpable spasm in the right cervical trapezius muscle extending to the right cervical paraspinal muscle and a sensitive area over previous chest tube insertion site with large scar with hypersensitivity. The physician noted on 06-15-2015 and 07-13-2015 that urine drug screens had been appropriate, there was no sign of medication abuse and the injured worker was under a narcotic contract. A request for authorization of 1 prescription of Methadone 10 mg #90 was submitted.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 08/10/15 with intractable right shoulder pain and suicidal ideation. The patient's date of injury is 05/06/08. The request is for 1 Prescription Of Methadone 10mg #90. The RFA is dated 08/13/15. Physical examination dated 08/10/15 reveals limited range of motion in all planes of the right shoulder and cervical spine, with crepitus noted on circumduction of the right shoulder, positive impingement sign in the right shoulder, and non-radiating pain elicitation upon cervical compression. Thoracic spine examination reveals a large scar on the right ribs at the site of chest tube insertion, with hypersensitivity noted in the region. The patient is currently prescribed Methadone, Norco, Neurontin, Colace, Lodine, and Senokot. Patient's current work status is not provided. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, 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. MTUS, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In regard to the continuation of Methadone for the management of this patient's chronic pain, the request is not supported per MTUS guidelines. Per progress note dated 08/10/15 the provider does include documentation that narcotic medications reduce this patient's pain by 50 percent. Addressing functional improvements, it is noted that medications provide "functional

improvements with activities of daily living." Such vague documentation does not satisfy MTUS guidelines, which require some activity-specific improvements. There is consistent urine drug screening to date, and a lack of aberrant behavior. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed several narcotic medications since at least 02/19/13, and is not presumed to be suffering from nociceptive pain. Owing to a lack of activity-specific functional improvements, and without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication cannot be substantiated and the patient should be weaned. Therefore, this request is not medically necessary.