MAXIMUS Federal Services

Case Number:	CM15-0173417		
Date Assigned:	09/15/2015	Date of Injury:	03/29/1999
Decision Date:	10/15/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 63 year old male with an industrial injury dated 03-29-1999. Review of medical records indicates he is being treated for right shoulder pain. He presents on 08-20-2015 for right shoulder pain. He rated his pain with medications as 6 on a scale of 1-10 and without medications as 8.5 on a scale of 1-10. Pain was rated as 6 out of 10 with medications and 9 out of 10 without medications on 07-23-2015 and 06-25-2015. Quality of sleep is documented as "poor." The provider documents no new problems or side effects. Activity level is documented as "has increased." He stated medications were working well. "No side effects reported." The injured worker noted his right shoulder pain "is made tolerable but not alleviated with the aid of medications." In the progress note dated 05-28-2015, 07-23-2015 and 08-20-2015. The provider documents "With medications the patient can perform household tasks including cooking, cleaning, self-care for 30-45 minutes or greater at a time. Without medications the patient cannot perform these tasks or is limited to 10 minutes or less."His medications included Seroquel, Lidoderm patch, Klonopin (since 09-18-2014), Lyrica (since 09-18-2014) and Methadone (since 09-18-2014). Work restrictions included not to lift greater than 5 pounds and restricted completely from overhead work with the affected extremity.Physical findings of the shoulder were documented as restricted movement with flexion limited to 35 degrees by pain, abduction limited to 45 degrees limited by pain, internal rotation behind body limited to 40 degrees and external rotation limited to 60 degrees. Hawkins test, Neer test, shoulder crossover test, empty can test and lift off test was positive. Tenderness was noted in the acromioclavicular joint and coracoid process. Left shoulder exam noted restricted movement with flexion limited

to 68 degrees limited by pain and abduction limited to 78 degrees limited by pain. Hawkins, empty can and lift off test were positive. Shoulder crossover test was negative. The provider documents "mental status is normal; alert and oriented times four without evidence of somnolence."MRI of right shoulder (documented by the provider in the 08-20-2015 note) "shows full thickness rotator cuff tear." Urine toxicology report is documented as consistent with opiate use. The provider documents the injured worker submits to random urine drug screens, has a signed pain narcotics agreement on file and CURES reports are appropriate. Failed medications are documented as Lexapro (ineffective), Celebrex (sedation), and Pennsaid (ineffective).Prior treatments included medications, right shoulder injection, right shoulder surgery and psychology consult.The requested treatments are for Methadone 10 mg # 120, Lyrica 100 mg # 60 and Klonopin 0.5 mg # 20.On 09-01-2015 utilization reviewed modified the request for Methadone 10 mg # 120 to Methadone 10 mg # 80, Lyrica 100 mg # 60 to Lyrica 100 mg # 30 and Klonopin 0.5 mg # 20 to Klonopin 0.5 mg # 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg #60: 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): Pregabalin (Lyrica).

Decision rationale: The requested Lyrica 100mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of "neuropathy and postherpetic neuralgia.The injured worker has right shoulder pain. He rated his pain with medications as 6 on a scale of 1-10 and without medications as 8.5 on a scale of 1-10. Pain was rated as 6 out of 10 with medications and 9 out of 10 without medications on 07-23-2015 and 06-25-2015. Quality of sleep is documented as "poor." The provider documents no new problems or side effects. Activity level is documented as "has increased." He stated medications The treating physician has documented restricted movement with flexion limited to 35 degrees by pain, abduction limited to 45 degrees limited by pain, internal rotation behind body limited to 40 degrees and external rotation limited to 60 degrees. Hawkins test, Neer test, shoulder crossover test, empty can test and lift off test was positive. Tenderness was noted in the acromioclavicular joint and coracoid process. Left shoulder exam noted restricted movement with flexion limited to 68 degrees limited by pain and abduction limited to 78 degrees limited by pain. Hawkins, empty can and lift off test were positive. Shoulder crossover test was negative.The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 100mg #60 is not medically necessary.

Methadone 10mg #120: 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): Methadone.

Decision rationale: The requested Methadone 10mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk.The injured worker has right shoulder pain. He rated his pain with medications as 6 on a scale of 1-10 and without medications as 8.5 on a scale of 1-10. Pain was rated as 6 out of 10 with medications and 9 out of 10 without medications on 07-23-2015 and 06-25-2015. Quality of sleep is documented as "poor." The provider documents no new problems or side effects. Activity level is documented as "has increased." He stated medicationsThe treating physician has documented restricted movement with flexion limited to 35 degrees by pain, abduction limited to 45 degrees limited by pain, internal rotation behind body limited to 40 degrees and external rotation limited to 60 degrees. Hawkins test, Neer test, shoulder crossover test, empty can test and lift off test was positive. Tenderness was noted in the acromioclavicular joint and coracoid process. Left shoulder exam noted restricted movement with flexion limited to 68 degrees limited by pain and abduction limited to 78 degrees limited by pain. Hawkins, empty can and lift off test were positive. Shoulder crossover test was negative. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance.The criteria noted above not having been met, Methadone 10mg #120 is not medically necessary.

Klonopin 0.5mg #20: 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): Benzodiazepines.

Decision rationale: The requested Klonopin 0.5mg #20 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence."The injured worker has right shoulder pain. He rated his pain with medications as 6 on a scale of 1-10 and without medications as 8.5 on a scale of 1-10. Pain was rated as 6 out of 10 with medications and 9 out of 10 without medications on 07-23-2015 and 06-25-2015. Quality of sleep is documented as "poor." The provider documents no new problems or side effects. Activity level is documented as "has increased." He stated medicationsThe treating physician has documented restricted movement with flexion limited to 35 degrees by pain, abduction limited to 45 degrees limited by pain, internal rotation behind body limited to 40 degrees and external rotation limited to 60 degrees. Hawkins test, Neer test, shoulder crossover test, empty can test and lift off test was positive. Tenderness was noted in the acromioclavicular joint and coracoid process. Left shoulder exam noted restricted movement with flexion limited

to 68 degrees limited by pain and abduction limited to 78 degrees limited by pain. Hawkins, empty can and lift off test were positive. Shoulder crossover test was negative.The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use.The criteria noted above not having been met, Klonopin 0.5mg #20 is not medically necessary.