

Case Number:	CM15-0027592		
Date Assigned:	02/19/2015	Date of Injury:	03/04/2002
Decision Date:	06/11/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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 46 year old female, who sustained an industrial injury on 3/4/2002. The current diagnoses are bilateral wrist pain and carpal tunnel syndrome on the right. Currently, the injured worker complains of bilateral upper extremity pain. The pain is rated 8/10 with medications and 10/10 without. Current medications are Norco and Methadone. The physical examination revealed positive Phalen's and Tinel's sign. Range of motion is limited by pain. Right hand, fifth digit, second joint is enlarged and deformed with mild swelling noted. The treating physician is requesting Methadone 10mg #210 with 1 refill and Norco 10/325mg #180 with 1 refill, which is now under review. On 1/26/2015, Utilization Review had non-certified a request for Methadone 10mg #210 with 1 refill and Norco 10/325mg #180 with 1 refill. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #210 with 1 refill: 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 Criteria for use of opioids Page(s): (s) 76-78 and 88-89.

Decision rationale: The patient presents with bilateral upper extremity pain. The request is for Methadone 10 mg #210 with 1 refill. Physical examination on 11/11/14 to bilateral wrists revealed tenderness to palpation. Range of motion was limited by pain. Phalen's and Tinel's tests were positive. Patient's diagnosis per 01/12/15 progress report include wrist pain (Both) and carpal tunnel syndrome (Right). Per 11/11/14 progress report, patient's medications include Norco, Lortab and Methadone. Patient is permanent and stationary. MTUS Guidelines 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 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. Methadone was included in patient's medications from 07/17/14 and 01/12/15. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Norco 10/325 mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): (s) 76-78 and 88-89.

Decision rationale: The patient presents with bilateral upper extremity pain. The request is for Norco 10/325 mg #180 with 1 refill. Physical examination on 11/11/14 to bilateral wrists revealed tenderness to palpation. Range of motion was limited by pain. Phalen's and Tinel's tests were positive. Patient's diagnosis per 01/12/15 progress report include wrist pain (Both) and carpal tunnel syndrome (Right). Per 11/11/14 progress report, patient's medications include Norco, Lortab and Methadone. Patient is permanent and stationary. MTUS Guidelines 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 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. Norco was included in patient's medications from 07/17/14 and 01/12/15. In this case, treater does not use a validated scale to demonstrate a measurable increase in function due to use of Norco. No CURES and UDS reports are available for review. There is no documentation of side effects as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Therefore, the request is not medically necessary.