

Case Number:	CM15-0064306		
Date Assigned:	04/10/2015	Date of Injury:	09/21/2011
Decision Date:	05/08/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/06/2015

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, Georgia
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 64-year-old female, who sustained an industrial injury on 09/21/2011. Currently, the injured worker complains of bilateral hand/shoulder pain left greater than right and swelling of the hands. Lunesta and Lyrica were only being approved. Lunesta was helping with sleep, and Lyrica was not working well. Methadone and Norco together helped in the past. The provider noted that the injured worker was taking high dose non-steroidal anti-inflammatory medications and was having gastrointestinal issues. Average pain since the last visit was rated 8 on a scale of 1-10. Current medications included Baclofen, Lunesta, Lyrica, Methadone and Norco. Medications tried and failed included Nucynta IR, Nucynta ER, Butrans, Vicodin and Methadone. Diagnoses included cervicocranial syndrome, brachial neuritis/radiculitis not otherwise specified, reflex sympathetic dystrophy upper limb, pain in joint shoulder region and pain in joint upper arm. Treatment plan included re-trial methadone, continue Norco, continue Lyrica, continue Lunesta, continue Baclofen and recommend trial of TN2 cream therapy for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN2 cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. CA MTUS specifically prohibits the use of agents, which are not FDA approved for topical use. The components of "TN2" cream are not specified and so it cannot be considered medically necessary.

Methadone 5mg tablets #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Methadone is specifically only indicated as a second line treatment because of increased risk of side effects. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy and does not document failure of any first line opioid therapy. Therefore, the record does not support medical necessity of Methadone.