

<b>Case Number:</b>	CM14-0148976		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported an injury on 05/06/2008. The mechanism of injury was the injured worker was struck by falling bales of hay. The injured worker's medications included opiates, antidepressants, and antiepileptic medications as of 2012. The injured worker's current medications as of 07/15/2014 were noted to include methadone 10 mg, Norco 10/325 mg, Lyrica 200 mg, Colace 250 mg, Lodine 400 mg, and Baclofen, as well as Cymbalta 60 mg, Klonopin 0.5 mg, Abilify 10 mg, Senokot and Neudexta 20/10 mg. The prior treatments were noted to include medications, home exercise, water therapy, a TENS unit and cortisone injections. The surgical history was not provided. The injured worker underwent an MRI of the cervical spine, thoracic spine, and lumbar spine. The documentation of 08/05/2014 revealed the injured worker had intractable right shoulder pain. The pain was stabbing. The injured worker indicated that he was utilizing methadone 10 mg 3 times a day and Norco 4 to 5 times per day for breakthrough pain. The injured worker indicated he occasionally used Colace and Senokot to offset constipation. The physical examination revealed the injured worker had decreased range of motion of the right shoulder. The injured worker had muscle spasm in the right cervical trapezius and paraspinal musculature and rhomboid musculature. The injured worker had decreased range of motion of the neck. The diagnoses included history of amputation of the digits of the left hand related to separate claim, post-traumatic stress disorder, severe anxiety and depression, and history of post concussive headaches as well as component of neuropathic burning pain in the upper extremity and shoulder girdle area improved with Lyrica use. The injured worker had rotator cuff tendinopathy with some improvement of symptoms with cortisone injections. The treatment plan included continuation of medications. The urine drug screens were noted to be appropriate and the injured worker had a narcotic contract with the office. The injured worker reported 50% functional improvement with activities of daily living

with medications versus not taking them antidepressants a 50% reduction in pain. The injured worker was to continue his gym exercise and water therapy. There was a Request for Authorization.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Methadone 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management Page(s): 60,78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There was a lack of documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2012. There was documentation of the above criteria. This medication would be appropriate. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Methadone 10 mg #90 is not medically necessary.

**Norco 10/325mg #140:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management, Page(s): 60,78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There was a lack of documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 2012. There was documentation of the above criteria. This medication would be appropriate. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #140 is not medically necessary.