

Case Number:	CM13-0050563		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2001
Decision Date:	08/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 California. 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 59-year-old female with a reported date of injury of 01/21/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic pain due to trauma, myalgia and myositis, thoracic or lumbosacral radiculopathy, failed back surgery syndrome to the lumbar spine, low back pain, and an adjustment disorder with anxiety. Her previous treatments were noted to include surgery, aquatic therapy, acupuncture, and medications. The progress note dated 05/22/2014 revealed the injured worker complained of moderate to severe pain that was persistent and fluctuating. The location of the pain was the middle back, low back, and gluteal area that radiated to the left ankle, right ankle, right arm, left foot, and right foot. The injured worker described the pain as aching, burning, deep, discomforting, localized, numbness, stabbing, and throbbing. The injured worker rated her pain without medications at 10/10 and with medications 8/10. The injured worker indicated with medications she struggled but fulfilled daily home responsibilities. Without medications, the injured worker reported she could get dressed in the morning and perform minimal activities at home. The physical examination to the lumbar spine revealed range of motion with pain and maximum tenderness of the spinous, paraspinous, lumbar, iliac crest, and sacroiliac joint. There was a positive Patrick's Faber test. The medication regimen was noted to include Keppra 500 mg 1 twice a day, Methadone 10 mg 1 at 3 times a day for pain, Baclofen 10 mg 1 daily for spasms, Norco 10/325 mg 1 every 4 to 6 hours as needed for pain, Cymbalta 60 mg 2 every day, Gabapentin 300 mg 1 to 2 at bedtime for neuropathic pain, Reglan 5 mg 1 daily pain relief, Amitriptyline 10 mg 1 tablet 3 times a day, stool softener 250 mg 3 daily, Norvasc 5 mg 1 daily, Combivent 18 mcg/103 mcg inhaler inhale 2 puffs 4 times a day, Kombiglyze XR 2.5/1000 mg 1 daily, Meloxicam 7.5 mg 1 daily, Prilosec 10 mg 1 daily, Atorvastatin 40 mg 1 daily, aspirin 81 mg 1 daily, Oxybutynin 5 mg 1 to 3 daily, Lasix 20 mg 1 daily, Metoclopramide 5 mg 3 daily,

Losartan 50 mg 1 twice a day, and Clopidogrel 75 mg 1 daily. The Request for Authorization form dated 05/22/2014 was for Methadone #90 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE HCL 10MG #90 # 2 UNITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Methadone Hydrochloride 10 mg #90 #2 units is not medically necessary. The injured worker has been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. The injured worker indicated without medications, her pain was 10/10 and with medications was 8/10. The injured worker indicated with medications she struggled but was able to fulfill daily home responsibilities but no outside activity and she was still unable to work. There was a lack of documentation regarding side effects. A drug screening performed on 01/02/2014 was positive for methadone and was consistent with therapy. Therefore, due to the evidence of significant pain relief, increased function, absence of adverse effects, and details with a consistent urine drug screening performed in 01/2014, the ongoing use of opioid medications is consistent with the guideline recommendations. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.