

Case Number:	CM14-0164986		
Date Assigned:	10/10/2014	Date of Injury:	11/04/2010
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 39 year old female with date of injury of 11/4/2010. A review of the medical records indicated that the patient is undergoing treatment for cervical spondylosis, right shoulder capsulitis and carpal tunnel syndrome. Subjective complaints include continued pain in the neck and right shoulder. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paravertebral and decreased range of motion of the right shoulder with tenderness over the rotator cuff. Treatment has included Lidoderm patch, Fentanyl patch, Oxycodone, Ativan, and radiofrequency ablation from C7 to T2. The utilization review dated 9/26/2014 non-certified Methadone 10mg #56.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg 1 tab four times a day prn for 14 days dispense 56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 91-92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use,

and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. As such, the request for methadone 10 mg, #60 is not medically necessary.