

Case Number:	CM14-0178704		
Date Assigned:	11/03/2014	Date of Injury:	12/16/2007
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 & Rehabilitation and is licensed to practice in Connecticut. 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 62 year old female who reported an injury on 12/16/2007. The mechanism of injury was not reported. Her diagnoses included chronic lower back pain, status post lumbar laminectomy syndrome, and status post bilateral total hip replacement. Past treatments included physical therapy and medications including, Methadone. There were no diagnostic studies included within the documentation. Her surgical history included lumbar laminectomy and bilateral total hip replacement. The clinical note dated 10/01/2014 indicated the injured worker complained of chronic and persistent symptoms of back pain that was worse on the left side and radiated into her buttock and right hip. Physical examination revealed local palpatory tenderness over the bilateral sacroiliac joints with the left being much more severe than the right and mild bilateral hip flexor weakness. Her medications included Norco 10mg. The treatment plan included x-rays of the pelvis, a recommendation for additional physical therapy, and Norco as needed for breakthrough pain. The request was for methadone 10mg; however, the rationale for the request was not included. The Request for Authorization form dated 10/03/2014 was submitted for review.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, and Opioids Page(s): 61,78.

Decision rationale: The request for Methadone 10mg #90 is not medically necessary. The California MTUS Guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation indicated the injured worker previously used methadone; however, details of usage including dosage, frequency, and duration were not reported. There was a lack of documentation provided indicating the injured worker had significant objective functional improvement. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation also indicated the injured worker was currently prescribed Norco. However, there is a lack of documentation to demonstrate the injured worker developed a tolerance to opioid medications or experienced any side effects due to opioid medications. Additionally, the request, as submitted, did not indicate a frequency of use for the requested medication. The clinical documentation submitted did not support the request. Therefore, the request for Methadone 10mg #90 is not medically necessary.