

<b>Case Number:</b>	CM14-0024700		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55 year old male who reported an injury on 08/13/2008 from an unknown mechanism of injury. The injured worker had a history of left shoulder pain. Upon examination on 06/04/2014, the injured worker had left shoulder pain that was constant, aching, sharp and throbbing. The pain radiated up to the neck, head, and left arm. The injured worker stated that any movement of the left shoulder or arm makes the pain worse. The injured worker stated that taking pain medication makes the pain tolerable. The level of pain without medications is 10/10 and with medications is 2/10. Left shoulder flexion 81 degrees, abduction 78 degrees, extension 0 degrees, with severe tenderness to palpation left AC joint. Upon examination on 08/16/2013 the injured worker pain level had been the same since 07/17/2013. There was no urine pharmacology screen performed. There was no changes to his previous visits. The injured worker had a diagnoses of complete left rotator cuff tear, left rotator cuff sprain, and post-traumatic stress disorder (PTSD). The injured worker's diagnostic studies, surgeries and procedure included MRI of left shoulder 11/09/2011 revealed large re-tear of the rotator cuff with retracted supraspinatus and infraspinatus, moderate degenerative arthritis of the glen humeral joint and a x-ray of the left shoulder on 11/10/2012 revealed total left shoulder replacement without acute injury. The medications were Methadone 10 mg, Celebrex 200 mg, and Ativan. The treatment plan was for 300 tablets of Methadone 10 mg. The request for authorization form and rationale were not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **300 TABLETS OF METHADONE 10MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) states that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. The injured worker had been on Methadone since 08/16/2013. There is lack of documentation for any toxicology screening for methadone. There is no frequency of how medication is to be taken mentioned in request. There is insignificant information to support ongoing management of the medication. There is lack of documentation for pain assessment should include which should include 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. There are four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors that have not been significantly addressed. As such, the request is not medically necessary.