

Case Number:	CM14-0042230		
Date Assigned:	06/30/2014	Date of Injury:	11/01/2001
Decision Date:	08/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational Medicine 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 applicant is an employee of [REDACTED] who has filed a claim for chronic pain syndrome, chronic forearm pain, and mood disturbance reportedly associated with an industrial injury of November 1, 2001. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties and home health care. In a Utilization Review Report dated March 13, 2014, the claims administrator approved a request for Cymbalta, Tylenol No. 4, methadone, dilaudid, and Desyrel. It was stated that the methadone partial certification represented a weaning or tapering supply of the same. In a Workers' Compensation Appeals Board findings and award dated March 9, 2010, it was stipulated that the applicant would receive home health services at a rate of 29.3 hours a week. On March 20, 2014, the applicant apparently presented with issues associated with chronic regional pain syndrome of bilateral upper extremities. The applicant is also status post left knee total knee arthroplasty, reportedly unsuccessful. The applicant had ancillary issues including hypothyroidism, dyslipidemia, depression, and reflux. Bilateral arm pain was also noted. The applicant was using Cymbalta twice daily, Dilaudid twice daily, trazodone nightly, Tylenol No. 4 four times daily, and methadone four times daily. The applicant stated that her overall improvement was 0%. The applicant reported 7/10 pain. The applicant was having poor mood and difficulty sleeping, it was noted. Multiple medications were refilled. It did not appear that the applicant was working. The applicant's treating provider stated that providing the applicant with an exercise tub for use at home would also allow her do some home exercises and would represent a reasonable alternative to a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 Prescription of Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic.;When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, however, the attending provider is apparently using several different opioid agents, including Dilaudid, Tylenol No. 4, and methadone. It is unclear why the applicant needs to use three separate agents. It is further noted that the applicant seemingly fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no concrete evidence of any improvements in pain or function achieved as a result of ongoing opioid usage, including ongoing methadone usage. The applicant does not appear to have returned to work. The applicant continues to report heightened levels of pain, 7/10, and is having difficulty performing even basic activities of daily living. Continuing methadone is not indicated, for all of the stated reasons. Therefore, this request is not medically necessary.