

Case Number:	CM14-0082018		
Date Assigned:	07/18/2014	Date of Injury:	12/13/1999
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/03/2014

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:

This is a 60-year-old male with a 12/13/99 date of injury. The injury occurred when he was bending over to try to lift cattle when he had the onset of severe neck and shoulder pain. According to a 7/8/14 progress note, the patient complained of neck pain, right upper extremity pain, and bilateral hand numbness. He rated his pain at 6/10 on a pain scale of 0-10 with medications. Objective findings: limited range of motion of cervical spine; left shoulder has full range of motion, but right shoulder can abduct to 120 degrees with pain; decreased sensation to touch in the left thumb, decreased sensation to touch in the right hand thumb with complaints of tingling at the thumb tip. Diagnostic impression: shoulder disorder, degeneration cervical disk, post-laminectomy syndrome, cervical, cervical radiculitis, lesion ulnar nerve, lesion radial nerve, carpal tunnel syndrome. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 5/21/14 modified the request for Methadone 10 mg from 180 tablets to 120 tablets for weaning purposes and denied the request for 1 molecular pathology procedure (genetic testing). Methadone has been modified for weaning on a previous review. It was documented that with the long-term use, there was no quantifiable evidence of functional improvement or pain reduction with use. Regarding genetic testing, genetic testing for potential opioid abuse is not recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 61-62.

Decision rationale: 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. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. There was no documentation of significant pain reduction or improved activities of daily living in the reports reviewed. In fact, in the majority of the reports, it is noted that the patient rated the severity of his pain 8/10, despite the use of medications. In addition, the patient stated that his symptoms are relieved by reducing activities of daily living, and his symptoms are aggravated by escalating activities of daily living. Furthermore, the patient's MED is calculated to be 600, which far exceeds guideline recommendations of 200 MED or less. A High MED can lead to increased risks of overdose, respiratory depression, and sedation. It is documented that previous UR decisions have recommended weaning the patient off Methadone. However, there is no documentation that the provider has addressed the issue of weaning. Therefore, the request for Methadone 10 mg #120 was not medically necessary.

Molecular pathology procedure (genetic testing): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The ODG states that genetic testing for potential narcotic abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. A specific rationale identifying why this procedure is required in this patient despite lack of guideline support was not provided. Therefore, the request for Molecular pathology procedure (genetic testing) was not medically necessary.