

Case Number:	CM14-0085992		
Date Assigned:	07/23/2014	Date of Injury:	10/15/1988
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 patient is a 58 year old male who sustained an industrial accident on 10/15/1988 for which he was awarded life time compensation to cover the injuries. His injuries include hearing issues as well as lumbar and cervical injuries accompanied by loss of strength in his left arm and pain and weakness in his legs. He has been treated with trigger point injections, prescription medications and physical modalities. Progress note dated 07/07/2014 documented the patient to have continued complaints of pain in the low back and hip rated at a 5 in intensity as well as neck and left scapula pain rated at a 6 in intensity. He reported some pain relief with resting, heat and narcotic pain medication. Prior to pain medication the pain level was rated at an 8 in intensity and one hour after taking the medication the pain is rated at a 7 in intensity with lasting relief for 5 hours. This is an increase in intensity reporting from the 02/07/2014 progress note when the patient reported an intensity rating of 7 prior to medication and 5 in intensity after taking the medication. Urine drug screens have all been reported as normal and consistent. On 05/28/2014 the utilization review decision denied the request for Methadone HCL stating it is a second-line drug for moderate to severe pain if the potential benefit outweighs the risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab HCL 10 mg #120 / 30 day supply: 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: As per the MTUS guidelines, Methadone is recommended for moderate to severe pain. Further guidelines, 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. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, this patient has chronic pain and has been taking Methadone. However, he continues to complain of pain rated 5-6/10; there is no evidence of significant improvement in pain level as well as function. There is no documentation of recent monitoring of compliance with urine drug screening. There is no mention of ongoing attempts with non-pharmacologic means of pain management, such as HEP. Thus, Methadone tab HCL 10 mg #120 / 30 day supply is not medically necessary.