

Case Number:	CM14-0198872		
Date Assigned:	12/09/2014	Date of Injury:	02/10/1993
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab 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 62 year old male with an injury date on 2/10/93. The patient complains of back pain radiating into his bilateral legs, rated 5/10 per 11/5/14 report. The patient had many sessions of physical therapy and acupuncture with unspecified efficacy, and has a sense of weakness in his legs per 9/15/14 report. The patient's back pain is located in the center lower part of his back, with no radicular symptoms, no bowel/bladder dysfunction per 8/12/14 report. Based on the 11/5/14 progress report provided by the treating physician, the diagnoses are: 1. bilateral lumbar radicular pain, chronic 2. s/p anterior lumbar fusion L4-5 and L5-S13. failed trial of spinal cord stimulator several years ago 4. remaining bilateral foot pain after recent TESI may be partially myofascial based on exam of 11/28/12. He had improvement of his pain s/p bilateral L4-5 TFESI of 8/15/12 with overall pain decreased from 7/10 to between 4 and 5/10. A physical exam on 8/12/14 showed "L-spine range of motion is normal." The patient's treatment history includes medications, physical therapy, acupuncture, epidural steroid injection L4-5 (pain decreased from 7 to 4/10). The treating physician is requesting POS methadone tab 10mg day supply: 30 qty 60 refills. The utilization review determination being challenged is dated 11/20/14. The requesting physician provided treatment reports from 2/28/13 to 11/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS Methadone Tab 10mg day supply: 30 Qty: 60 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88,89.

Decision rationale: This patient presents with back pain, leg pain. The treater has asked for POS Methadone Tab 10mg Day Supply: 30 Qty 60 Refills on 11/5/14. Patient has been taking methadone since 2/28/13 report. The patient's current medication regimen has no adverse effects, and symptoms are relieved by medications per 2/28/13 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include methadone, stating "symptom is chronic and relieved by medication" per 4/25/13 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.