

Case Number:	CM14-0201381		
Date Assigned:	12/11/2014	Date of Injury:	10/26/2000
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/02/2014

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:

This is a 46 year old female with a work related injury dated 10/26/2000. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a primary physician's progress report dated 10/17/2014 (12), the injured worker presented with complaints of increased right low back pain and right leg pain with ongoing painful low back spasms. Diagnoses included chronic low back pain, lumbar disk injury, right lumbosacral radiculopathy, right trochanteric bursitis, and chronic pain syndrome. Noted treatments consisted of medications. Diagnostic testing was not included in received medical records. Work status is noted as permanently disabled. On 11/11/2014 (16), Utilization Review modified the request for Methadone 10mg #240 to Methadone 10mg #120 citing California Chronic Medical Treatment Guidelines. The Utilization Review physician stated that the provider noted that the pain was reduced by some degree by the medications taken, however, the morphine equivalent dose exceeds the recommended 120mg per day levels. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methodone 10mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89.

Decision rationale: The patient presents with increased right low back pain and right leg pain with ongoing painful low back spasms. The current request is for methadone 10 mg #240. The treating physician states that the patient's current medications "help with the pain." The MTUS guidelines state, "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, activities of daily living (ADLs), adverse side effects, and aberrant 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 treating physician has not provided documentation assessing functioning. The 4As have not been assessed in any of the physician's reports available for review. There are no before and after pain scales documented, there is no discussion of ADLs or functional improvements with opioid usage and there is no discussion of side effects or aberrant behaviors. MTUS requires much more thorough documentation of opioid efficacy for continued usage. The request is not medically necessary.