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| Case Number: | CM15-0000873 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 06/20/2007 |
| Decision Date: | 03/11/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 47 year old female, who sustained an industrial injury on June 20, 2007. She has reported back pain. The diagnoses have included mechanical back pain and failed back. Treatment to date has included medication. Currently, the IW complains of lumbar back pain. Primary treating physician report dated October 9, 2014 lists only oral medication as treatment and states she has daily pain fairly well controlled with current medication. On December 4, 2014 utilization review modified a request for Methadone 10 mg QID #224, noting the lack of documentation supporting objective decrease in pain, objective functional improvement and monitoring for aberrant drug behavior and side effects. The Medical Treatment Utilization Schedule (MTUS) was utilized in the determination. Application for independent medical review (IMR) is dated December 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #224: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 78.

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 and bilateral muscular pain. The patient's date of injury is 06/20/2007. The treater is requesting METHADONE 10 MG #224. The RFA dated 07/01/2014 shows a request for Methadone 10 mg 2 QID #224. The patient's work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The UR letter dated 12/04/2014 modified the request to #112 for weaning purposes. The records show that the patient was prescribed methadone on 07/15/2014. The 06/03/2014 notes medication efficacy stating, "Decreased pain fairly well with medications." None of the reports provide before and after pain scales to show analgesia. No specific ADLs were discussed. There is no change in work status or return to work to show significant functional improvement. No side effects were discussed and no aberrant drug-seeking behaviors such as urine drug screen or CURES report was noted. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.