

Case Number:	CM15-0002881		
Date Assigned:	01/13/2015	Date of Injury:	09/08/2004
Decision Date:	03/23/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58-year-old male who reported an injury on 09/08/2004. The mechanism of injury was not stated. The current diagnoses include chronic pain, history of left shoulder surgery with adhesive capsulitis, right shoulder pain with impingement, neck pain, multilevel lumbar disc disease, comorbid hypogonadism, hypothyroidism, hepatitis C and comorbid insomnia. The injured worker presented on 10/15/2014, with complaints of chronic neck pain, shoulder pain and low back pain. The injured worker also reported poor tolerance/endurance to prolonged activities. The injured worker indicated that the medication regimen helped to eliminate chronic pain and improve his activities of daily living. Upon examination, there was diminished shoulder range of motion with 92 degree flexion, 83 degree abduction, positive straight leg raising at 36 degrees and decreased sensation to pinprick over the left hand. Recommendations at that time included continuation of the current medication regimen of methadone 10 mg, Norco 10/325 mg and topical analgesics. A Request for Authorization form was then submitted on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180 Unknown refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medication, Methadone.

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

Decision rationale: California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. According to the documentation provided, the injured worker has utilized the above medication since 2012. There is no documentation of objective functional improvement. There is also no mention of a failure of first line treatment prior to the initiation of methadone as a second line option. There is no frequency listed in the request. Given the above, the request is not medically appropriate at this time.