

<b>Case Number:</b>	CM15-0012721		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 33-year-old male, with a reported date of injury of 01/25/2008. The diagnoses include complex regional pain syndrome, status post brachial plexus injury of the left upper extremity, status post left shoulder arthroscopy for rotator cuff tear, and status post acute withdrawal from opiate pain medication. Treatments to date have included topical pain medication, oral medication, suprascapular nerve block, stellate ganglion block, and a transcutaneous electrical nerve stimulation (TENS) unit. The medical report dated 10/21/2014 indicates that the injured worker complained of left shoulder pain, hand pain, wrist pain, elbow pain, and left foot and ankle pain. He rated his pain 7 out of 10. The physical examination showed pain over the left posterior neck and trapezius and the left dorsal hand and forearm, pain in the posterior of the left ankle and thoracolumbar back to the left-sided midline. The treating physician requested Methadone 5mg, thirty-day supply #60 as a trial. It was noted that the treating provider will institute the less expensive and likely to be more effective Methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone tablet 5mg, #60 (Med= 40mg):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOID Medications for chronic pain Page(s): 76-78, 88-89, 60.

**Decision rationale:** Based on the 10/21/14 progress report provided by the treating physician, this patient presents with pain in the left shoulder, hand, wrist, and elbow, as well as the left foot/ankle, rated 7/10 on the VAS scale. The requesting 10/21/14 progress report further specifies request: "we will trial methadone 5mg BID empirically as the insurance carrier has at this point refused to authorize the patient to obtain a baseline EKG. In light of the patient's need for some form of analgesia, which was supplied by Duragesic, we will institute the less expensive and likely to be more efficacious methadone." The treater has asked for METHADONE TABLET 5MG #60 MED=40MG on 10/21/14. The request for authorization was not included in provided reports. The patient is using a TENS unit three times a day per 10/21/14 report, and the 6/10/14 report states that prior TENS usage was effective. The patient is s/p suprascapular nerve block, stellate ganglion block, last of which was 12/11/13 with unspecified benefit. The patient's current medications are duragesic patches, clonidine, and amitriptyline per 10/21/14 report, and the patient was on the same meds on 6/10/14 report. The patient's Duragesic was withdrawn by the insurance carrier as the patient was told by the pharmacy that it is too expensive for the insurance carrier per 10/21/14 report. As the medication was not weaned but rather was stopped abruptly, the patient experienced severe withdrawal symptoms for 1 week that were 'flu-like' per 10/21/14 report. The patient's work status is permanent and stationary per 10/16/14 QME report. 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. The patient has chronic pain of the left shoulder and left lower extremity. The patient has been using Duragesic patches for an unspecified period of time, but it has been withdrawn by insurance as of 10/21/14. The treater is requesting a trial of methadone as a less expensive alternative. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the reports show that the patient has abruptly discontinued Duragesic and has experienced a week of withdrawal symptoms. The requested trial of methadone appears reasonable for management of patient's chronic pain condition. The request IS medically necessary.