

Case Number:	CM15-0132866		
Date Assigned:	07/21/2015	Date of Injury:	01/31/1995
Decision Date:	09/08/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/09/2015

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 44-year-old male, who sustained an industrial injury on January 31, 1995, incurring upper and lower back and shoulder injuries. He was diagnosed with lumbago, myalgia and myositis. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants, neuropathic medications, antidepressants and work modifications. Currently, the injured worker complained of increased low back, neck and shoulder pain with persistent spasms. He noted limited range of motion of the back interfering with his activities of daily living. The treatment plan that was requested for authorization included a prescription for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89, 80, 81.

Decision rationale: The patient was injured on 01/31/95 and presents with pain in his left neck, shoulders, and lowers back. The request is for Methadone 10 MG #60. There is no RFA provided and the patient's current work status is not provided. The patient has been taking Methadone as early as 04/06/15 and there are two progress reports provided from 04/06/15 and 07/09/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 04/06/15 report states that the patient rates his pain as a 10/10 without medications and a 3-4/10 with medications. "With his medications he is still able to work." In this case, there are before and after medication pain scales provided and the patient is working. However, there are no validated instruments used and no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines either. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Methadone is not medically necessary.