

Case Number:	CM15-0136787		
Date Assigned:	07/24/2015	Date of Injury:	10/16/1998
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

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 57 year old male who sustained an industrial injury on 10/16/98. Progress reports dated 6/8/15 reports continued complaints of chronic neck and bilateral upper extremity pain. The pain is described as aching, annoying, burning, constant, numb, radiating, tingling and severe. The injured worker states that he has been unable to fill prescription for oxycodone and would like to change to methadone. Diagnoses include: fibromyalgia/myositis, cervicgia, hand joint pain, osteoarthritis and cervical radiculopathy. Plan of care includes: given prescription for methadone 10 mg 1 three times per day, discontinue oxycodone. Work status: permanent and stationary. Follow up in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids, pain treatment agreement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1998 and continues to be treated for chronic neck and bilateral upper extremity pain. When seen, pain was rated at 5/10. He had been unable to obtain oxycodone and was requesting that methadone be prescribed. Physical examination findings included eight BMI of 28. There was cervical spine tenderness with positive trigger points. Methadone was prescribed. The total MED (morphine equivalent dose) was 240 mg per day. He had previously been taking oxycodone at a total MED of 135 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 2 times that recommended and represents an increase of more than 75% compared to when oxycodone was available. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Prescribing methadone at this dose was not medically necessary.