

Case Number:	CM15-0141412		
Date Assigned:	07/31/2015	Date of Injury:	06/27/2007
Decision Date:	09/24/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/21/2015

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 47 year old male, who sustained an industrial injury on 06-27-2007. The injured worker is currently working part-time. The injured worker is currently diagnosed as having chronic pain syndrome, pain in joint of forearm, sprains and strains of knee and leg, knee enthesopathy, and lumbar disc displacement without myelopathy. Treatment and diagnostics to date has included prior right elbow surgeries, bilateral knee surgeries, right shoulder surgery, bilateral carpal tunnel release surgery, epidural steroid injection, bilateral knee cortisone injections, bilateral knee x-rays dated 06-27-2013 which showed degenerative joint disease, home exercise program, and medications. In a progress note dated 06-12-2015, the injured worker reported pain in his lower back and bilateral knees and rated his pain 3 out of 10 on the pain scale with medications and noted that medications do help improve his pain and function. Objective findings included painful right shoulder range of motion, tenderness to palpation to right elbow, limited cervical spine range of motion, and tenderness to palpation over the medial joint line and patella to bilateral knees. The treating physician reported requesting authorization for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150: Overturned

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 and 89.

Decision rationale: The current request is for Methadone 10mg #150. The RFA is dated 06/12/15. Treatment and diagnostics to date has included prior right elbow surgeries (2012), bilateral knee surgeries (2012), right shoulder surgery (2003), bilateral carpal tunnel release surgery (1998, 1999), epidural steroid injection, bilateral knee cortisone injections, bilateral knee x-rays, home exercise program, and medications. The patient is not working. MTUS, under criteria for use of opioids, page 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per report 06-12-2015, the patient reported pain in his lower back and bilateral knees. Objective findings included painful right shoulder ROM, tenderness to palpation to right elbow, limited cervical spine ROM, and tenderness to palpation over the medial joint line and patella to bilateral knees. This is a request for refill of methadone, which the patient has been utilizing since 01/13/15. Per report 02/26/15, the patient pain level is 5/10 with medications. The patient reported with medications he is able to do volunteer work on Mondays and Fridays and on Wednesdays he is able to go feed the homeless. He is also able to continue his HEP, and ride his bike 1-2 times per week. The patient reports no side effects. The provider states that the patient has no aberrant behaviors and random UDS are administered. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.