

Case Number:	CM15-0145021		
Date Assigned:	08/06/2015	Date of Injury:	05/01/1999
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 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 70 year old female, who sustained an industrial injury on 5-1-99. The injured worker was diagnosed as having chronic pain, pain in shoulder joint, and sprain-strain of lumbar region and long term use of meds. Treatment to date has included oral medications including Senna 8.6mg, Methadone 10mg and Celexa 10mg. Currently on 6-2-15, the injured worker complains of chronic low back pain, noting a 50% reduction in pain with Methadone with a reduction from 8 out of 10 to 4 out of 10. She notes she is able to exercise with less pain and perform household activities; she also notes some constipation for which Senna is helpful. She notes she tried to decrease Methadone; however, she had a significant flare-up of pain. The subjective findings are unchanged since at least 12-9-15. Physical exam performed on 6 -2-15 revealed normal gait, no signs of sedation and no other abnormalities. The treatment plan included prescriptions for Senna 8.6mg #150 and Methadone 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids: Prophylactic treatment of constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid side effects Page(s): 83.

Decision rationale: The records indicate that the patient suffers from ongoing low back pain. The current request is for Senna 8.6mg #150. The attending physician notes that Senna has been recommended because the patient suffers constipation secondary to Methadone. The MTUS guidelines pg 83 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate this patient has been taking opiates on a long term basis, and constipation has been noted since taking Methadone. Furthermore, the records indicate that the patient's constipation is controlled when taking Senna. As such, the records establish medical necessity for Senna.

Methadone HCL (hydrochloride) 10mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The records indicate that the patient suffers from ongoing low back pain. The current request is for Methadone HCL 10mg #90. The attending physician notes that the patient attempted a trial of reducing her Methadone to one tablet twice a day instead of three times a day. She however experienced a significant flare up of pain and suffered decreased function. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the records indicate the patient has a significant decrease in pain when using her medication from a level 8/10 to a level 3/10. The documents also document that the patient is up to date and consistent on her UDS. Records also indicate no issues of abuse or aberrant behavior. It is also noted that the patient has a signed pain agreement on file and denies any side effects with her medications. It is also noted that after a trial of decreasing her methadone she had a major decrease in performing ADLs and her exercise. The medical records are consistent with MTUS guidelines and do establish medical necessity for the request of ongoing methadone HCL 10mg #90.