

Case Number:	CM15-0145048		
Date Assigned:	08/06/2015	Date of Injury:	03/31/1998
Decision Date:	09/24/2015	UR Denial Date:	06/23/2015
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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 60-year-old male, who sustained an industrial injury, March 31, 1998. The injured worker previously received the following treatments random toxicology laboratory studies results were consistent with prescribed medications on March 10, 2015, home exercise program, Methadone, Tramadol, Valium and SCS (spinal cord stimulator). The injured worker was diagnosed with end of life SCS (spinal cord stimulator) impulse generator, chronic lumbar progressive radiculopathy and post laminectomy syndrome. According to progress note of June 17, 2015, the injured worker's chief complaint was low back pain with radiation of pain into the right lower extremity. The pain was rated at 7 out of 10. The medications reduce the pain by 40% as reported by the injured worker. The medications allowed for functional improvement of 50%, allowing the injured worker to be out of bed, walking, standing and sitting. The physical exam noted the flexion was 40 degrees, extension of 10 degrees, right and left lateral bending of 15 degrees. The straight leg raises were positive on the right at 45 degrees. There was tenderness at the L2-L4 with paraspinal and spinal processes spasms. The treatment plan 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 Page(s): 76-78, 80, 43, 74, 86, 124, 91, 61. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (web: updated 6/15/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request to facilitate appropriate weaning, which should have begun after the prior non-certification. Given the lack of clear evidence to objectively support functional improvement on the medication and the chronic risk of continued treatment without adequate risk assessment and mitigation measures, the request for methadone is not considered medically necessary, and continued weaning based on prior supply is indicated if not already complete.