

Case Number:	CM15-0148939		
Date Assigned:	08/12/2015	Date of Injury:	05/23/1995
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 64 year old female who sustained a repetitive type motion industrial injury affecting her upper arms and neck on 5-23-95 while working as a stocker. She currently complains of persistent burning, achy upper back, arms, neck and bilateral shoulder pain. Her pain level with medications was 3 out of 10 and 10 out of 10 without medications. Medications were aspirin; OxyContin ER; Norco (on this for 10 years per 1-28-15 note); Valium; Methadone (failed per 1-28-15 note); docusate sodium. Medications keep her highly functional. Per 1-28-15 note the injured worker is up to date with her urine drug scree, CURES and opiate agreement. Diagnoses include adhesive capsulitis, status post right shoulder surgery; chronic pain syndrome; brachial plexus disorder; constipation; generalized anxiety disorder; headaches; low back pain; spasms; myalgia, myositis; neck pain; disorder of the shoulder; shoulder joint pain; brachial radiculitis. Treatments to date included injections for bilateral outlet syndrome; medications. On 7-21-15 utilization review evaluated a request for methadone 10 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 61, 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any 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." Review of the available medical records reveals insufficient documentation to support the medical necessity of Methadone nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress note dated 6/19/15 it was noted that pain was rated 10/10 without medications and 3/10 with medications. The medical records submitted for review indicate that the injured worker is being prescribed a combined morphine equivalent dosage of 845 which greatly exceeds the guideline recommended 120. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS dated 4/25/15 was consistent with prescribed medications. As MTUS recommends to discontinue opioids if there is no overall improvement in function, and with consideration to excessive MED, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.