

Case Number:	CM15-0162182		
Date Assigned:	08/28/2015	Date of Injury:	03/10/2011
Decision Date:	10/09/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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 60 year old male, who sustained an industrial injury on 3-10-2011. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar degenerative joint disease, rib fracture, low back pain, lumbar sprain and strain, history of multiple fractures of the left thorax with chronic intercostal neuralgia and costochondritis persisting, chest tube placement secondary to pneumothorax due to trauma now stable, history of cervical strain and spraine with underlying spondylosis, history of left shoulder girdle sprain and strain, cubital syndrome left elbow, triggering of long finger 3rd digit of right hand, chronic headaches, postconcussive syndrome, visual loss. Treatment to date has included magnetic resonance imaging of the lumbar spine (2-12-2015), medications, magnetic resonance imaging of the cervical spine, chest tube, and 6 retinal detachment surgeries including cataract surgery. The request is for Methadone. On 5-19-2015, he reported pain to the neck, shoulders, low back and rib cage area. He also reported having impairment of his vision. He is on Social Security disability and is reported as not able to return to the workforce. He reported that with medications he is 50% more functional and they reduce his pain by 50%. He rated his pain as 8 out of 10 currently, 4 out of 10 at best with medications and 10 out of 10 without medications. The treatment plan included: refilling Percocet, Zipsor, Lunesta, and Gralise. His urine drug screens are noted to have been appropriate. He is under narcotic contract. On 6-25-2015, he reported pain to the neck, shoulder, low back with radiation to the legs. He also reported left rib cage pain and visual impairment. He rated his pain 8 out 10, at best 4 out of 10 with medications and 10 out of 10 without medications. He indicated a 50% in pain reduction with medications.

The treatment plan included: Norco, Opana, Zipsor, Lunesta, and Gralise. On 7-23-2015, he reported pain to the neck, shoulder, low back and left rib cage and visual impairment of the right eye. He remains on Social Security disability. He rated his pain as 8 out of 10, at best 4 out of 10 with medications and 10 out of 10 without medications. He indicated a 50% increase in function with medications. The treatment plan included: refilling Methadone, Wellbutrin, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tablet 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain to the back of the bilateral extremities, right greater than left. The request is for Methadone Tablet 10mg #60. Examination to the lumbar on 05/19/15 revealed limited range of motion. Straight leg raise test was positive bilaterally at 80 degrees. There was sensory loss to light touch and pinprick in the right lateral calf and bottom of feet. Per 07/27/15 Request for Authorization form, patient's diagnosis include lumbar degenerative joint disease, and rib fracture. Patient's medications, per 07/27/15 RFA include Methadone, Wellbutrin, and Topamax. Patient is on disability. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The provider has not specifically addressed this request. In progress report dated 07/23/15, the provider is prescribing a refill for Methadone. It is not clear how long the patient has been utilizing Methadone. However, review of the medical records provided indicate that the patient has been utilizing other opioids (Norco, Opana, and Percocet) since at least 02/12/15. In this case, there are no before and after pain scales used for analgesia. No ADL's are discussed showing specific functional improvement. While CURES report and UDS results are current and consistent with patient's medications,

there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.