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| Case Number: | CM15-0163113 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 01/28/2010 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 66 year old female who sustained an industrial injury on 01-28-2010. The injured worker was diagnosed with degenerative spondylosis of the cervical spine with radicular symptoms, myofascial pain and right shoulder osteoarthritis. The injured worker is status post right cubital and carpal tunnel releases in October 2014 and right middle trigger finger release on May 5, 2015. Treatment to date has included diagnostic testing, surgery, occupational therapy, physical therapy, cervical spine epidural steroid injections (latest in 06-02-2015), cervical spine facet joint injections, cognitive behavioral therapy (CBT), home exercise program and medications. According to the treating physician's progress report on August 10, 2015, the injured worker continues to experience neck pain radiating to the bilateral upper extremities, right greater than left, rated as 8-9 out of 10 on the pain scale. Examination noted C5-6 deficits of the dermatomal distribution. There was noted weakness in the right biceps and right deltoid with decreased brachioradialis deep tendon reflexes in the right arm. Spasms were noted in both arms. Current medications were listed as Tramadol, Baclofen, Ambien CR and Lidoderm patches. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of continuing medication regimen, urine drug screening and the current request for prospective usage of Methadone. The patient has had MRI of the cervical spine on 12/2/14 that revealed disc protrusions, and mild central narrowing. Patient had received cervical ESI for this injury. The patient's surgical history includes right shoulder, elbow, hand and wrist surgery. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Methadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, Medications for chronic pain, Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80Criteria for use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Methadone is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics (NSAIDS) is not specified in the records provided. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response of the patient's symptoms to anticonvulsants and antidepressants for the treatment of chronic pain is not specified in the records provided. The records provided do not provide a documentation of response in regards to pain control and functional improvement to optimum doses of lower potency opioid analgesics, in this patient. With this, it is deemed that, this patient does not meet criteria for use of opioids analgesic. The request for Prospective usage of Methadone is not medically necessary or established for this patient, given the records submitted and the guidelines referenced.