

Case Number:	CM15-0163538		
Date Assigned:	08/31/2015	Date of Injury:	06/15/2010
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40-year-old male who sustained an industrial injury on 6-15-2010. He has reported back pain, neck pain, hip pain, and shoulder pain and has been diagnosed with chronic right upper posterior thoracic pain, lower posterior cervical pain, and left paracentral 12-3 disc protrusion and multilevel cervical degenerative disc disease. Treatment included medications and injections. There was decreased range of motion to the shoulder. There was tenderness to palpation along the left deltoid and a positive impingement sign. There was tenderness to palpation in the anterior joint space. Back exam showed there was spasm of the thoracic paraspinal muscles. There was pain to palpation over the C2 to C3, C3 to C4, and C5 to C6 facet capsules. There was triggering, spasm, and pain with rotational extension indicative of facet capsular tears right, positive Spurling's maneuver right, positive maximal foraminal compression testing right and pain with Valsalva. The treatment request included medications and a surgical evaluation. The treatment request included methadone 10 mg # 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg one half tid #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids specific drug list Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in June 2010 and continues to be treated for low back pain with lower extremity radicular symptoms. Medications are referenced as decreasing pain by 90% and as being prescribed at the lowest effective dose. When seen, there was decreased shoulder range of motion with tenderness and positive impingement testing. There were thoracic paraspinal muscle spasms with deformity. There was pain with extension. There were cervical trigger points with muscle spasms and pain with rotation. Spurling and compression testing was positive. There was decreased left grip strength. Testing for the rustic outlet syndrome was positive. Methadone was prescribed. The total MED (morphine equivalent dose) was 60 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing significantly decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.