

<b>Case Number:</b>	CM15-0180517		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 female, who sustained an industrial injury on 9-24-2007. The injured worker is being treated for postop neck pain, cervical stenosis and bilateral upper extremity RSI. Treatment to date has included multiple surgical interventions (most recently cervical fusion, 2015), diagnostics including magnetic resonance imaging (MRI), medications, physical therapy, and injections. Per the Primary Treating Physician's Progress Report dated 7-29-2015, the injured worker was status post C4-6 anterior cervical discectomy and fusion. She reported that her neck pain and upper extremity pain and paresthesias have improved; however, she states that she has history of carpal tunnel syndrome and she continues to have numbness in her hands from her wrists to her fingertips. Objective findings included a well-healed incision and 5 out of 5 strength in the bilateral upper extremities. Per the medical record dated 7-29-2015, the injured worker reports improved symptoms after surgical intervention. Methadone has been prescribed since at least 6-30-2014. The plan of care on 7-29-2015 included increase activity as tolerated. Authorization was requested for Methadone 10mg #180. On 8-10-2015, Utilization Review modified the request for Methadone 10mg #180, citing lack of medical necessity.

### 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 Medical Treatment 2009.

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

**Decision rationale:** The 60 year old patient is status post C4-5 and C5-6 discectomy and decompression, as per operative report dated 06/30/15. The request is for Methadone HCL 10mg #180. There is no RFA for this case, and the patient's date of injury is 09/24/07. As per progress report dated 07/29/15, the patient presents with improved neck and upper extremity pain along with paraesthesias and continued numbness in bilateral hands, most likely due to carpal tunnel syndrome. Diagnoses, as per progress report dated 07/28/15, included post-operative neck pain and bilateral upper extremity RSI. Medications included Methadone and Prilosec. The patient is status post bilateral carpal tunnel release, status post bilateral ulnar nerve release, and status post left ulnar nerve re-exploration, as per progress report dated 06/30/14. Diagnoses, as per progress report dated 07/16/15, included bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral basal joint degenerative traumatic arthritis, bilateral ulnar neuritis, and cervical discogenic disease. Recent reports do not document the patient's current work status. 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 4 A's (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, p77, 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." In this case, several reports are handwritten and difficult to decipher. It appears that Methadone was initiated during the 06/30/14 visit. The patient had used Norco and Suboxone prior to this. As per progress report dated 07/28/15, methadone helps reduce pain from 8/10 to 4/10 without any side effects and aberrant behavior. The report also states that the patient is "much more active" with medications. In progress report dated 09/08/15 (after the UR denial letter), the treater states that the patient is apprehensive about future due to the denial. The treater also states that with medications, the patient is "able to be OOB, and mopping (handwriting not clear) / cleaning etc." The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." Furthermore, MTUS requires adequate discussion of the 4 A's to include the impact of opioid in analgesia, ADL's, adverse effects, and aberrant behavior. There are no UDS's and CURES reports available for review to address aberrant behavior. In this case, treater has not addressed the 4 A's to warrant continued use of this medication. Hence, the request IS NOT medically necessary.

