

Case Number:	CM15-0181715		
Date Assigned:	09/23/2015	Date of Injury:	03/25/1995
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/15/2015

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 67-year-old male who sustained an industrial injury on March 25, 1995. Diagnoses have included cervical disc degeneration, muscle spasm, fasciitis, arthrodesis, chronic pain syndrome, post-laminectomy syndrome of the cervical region, and long-term use of medication. Recent documented treatment includes radiofrequency ablation in April of 2015 reported to have worked "fairly well" but pain has returned. Other treatments are not discussed in the provided records. Pain medications have included Lyrica, Methadone, Lidocaine ointment, Norco, Skelaxin, and Floricet. The injured worker cannot take anti-inflammatories due to a history of gastrointestinal bleeding. The physician states that medications have provided a "significant degree of pain relief and improved function" but he has been tapering off of Floricet and Methadone, and the 8-25-2015 note states he has reduced opioids from 40 mg a day to 20mg a day. Results are noted to have increased pain and his functionality has worsened. The physician notes concern about pain levels and the impact on the injured worker who is preparing for a cardiac catheterization. The physician states there is a pain agreement on file, and he has had "multiple compliant urine tests." The injured worker continues to report pain, but recent pain levels and subjective examination is not present in the provided notes. The treating physician's plan of care includes 120 count Methadone Hcl 10 mg, which was non-certified on 9-3-2015. Documentation states the injured worker can remain out of work, but states he is working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hcl 10mg #120, one every morning , one every afternoon, one every evening, and one at night.: Overturned

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 current request is for METHADONE HCL 10MG #120, one every morning, one every afternoon, one every evening, and one at night. Treatment history include cervical spine surgery, injections, physical therapy, and medications. The patient has returned to work full-time. 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, 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." Per report 08/25/15, the patient presents with post-laminectomy syndrome of the cervical region and continues to complaint of neck pain. The patient's medications include Lyrica, Methadone, Lidocaine ointment, Norco, Skelaxin, and Floricet. The physician states that medications have provided a "significant degree of pain relief and improved function" and the patient has been slowly tapering off of Floricet and Methadone. The patient has been able to return to work full-time with using the opiate medications, with no side effects. The patient had a UDS done on 02/04/15 and a signed medication agreement is on file. In this case, the 4A's have been addressed, adequate documentation has been provided including functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.