

Case Number:	CM15-0182974		
Date Assigned:	09/23/2015	Date of Injury:	04/07/1999
Decision Date:	10/29/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old female who reported an industrial injury on 4-7-1999. Her diagnoses, and or impressions, were noted to include: lumbago; pain in limb; lumbar degenerative disc disease; chronic pain syndrome; cervicgia. No current imaging studies were noted. Her treatments were noted to include: a home exercise program; medication management; and the continuation of regular work duties. The progress notes of 8-20-2015 reported a follow-up visit for complaints of unchanged right shoulder pain, low back pain, right leg pain, rated 5-8 out of 10, and with the sensation of pins-and-needles; unchanged quality of sleep that remained fair at 4-6 hours a night; unchanged quality of life and social activity; and that her medications were working well with a 60-80% reduction in pain with continued functional benefit. The objective findings were noted to include: no acute distress; mild obesity; a slight antalgic gait favoring her right lower extremity; tenderness over the low back, posterior-superior iliac spine and piriformis, with equivocal right straight leg raise test; restricted right shoulder range-of-motion with the inability to completely abduct her right shoulder past 90 degrees; limited motor testing due to pain; the compliance to his narcotic agreement; and that she continued to work on a full-time basis due to good pain control on her current medication regimen, which included Methadone 10 mg 3 x a day, with Norco for breakthrough pain. The physician's requests for treatment were noted to include continuing current medication regimen without change: Methadone HCL 10 mg, one 3 x a day, #90, and Norco 10-325 mg one 3 x a day, #90. The reported 9-10-2015 Request for Authorization for Methadone 10 mg, #90 was not noted in the

medical records provided. The Utilization Review of 9-16-2015 non-certified the request for Methadone 10 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #90: 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): Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Methadone is a long acting opioid. As per MTUS guidelines, methadone is a second line treatment for pain. There are significant risks in methadone treatment that must be weighed against benefit. While methadone is an opioid, it must meet stricter criteria for approval. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has documented that patient has been stable on this medication. There is documentation of objective improvement in pain and functional status. There is appropriate documentation of monitoring for side effects and abuse. Patient is currently on 250mg Morphine Equivalent Dose (MED) a day, which exceeds the maximum recommended MED of 120mg a day. Provider has never documented any attempt to wean patient to safer dose. Multiple URs have noted warnings and recommendation to wean but provider has never done so. While patient may have some benefit from methadone, the high risk for side effects due to high dose and the issues with methadone does not justify continued use. Methadone is not medically necessary.