

Case Number:	CM15-0183566		
Date Assigned:	10/01/2015	Date of Injury:	06/06/2003
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 6-6-03. Medical records indicate that the injured worker is undergoing treatment for reflex sympathetic dystrophy syndrome of the upper limb, reflex sympathetic dystrophy syndrome of the lower limb, cervical spondylosis without myelopathy, chronic pain syndrome, cervical post-laminectomy syndrome and lumbar post-laminectomy syndrome. The injured workers current work status was not identified. On (8-27-15) the injured worker complained of head pain, headache, neck pain, shoulder pain and elbow pain. The pain was rated at least a 6 out of 10 on the visual analogue scale. The pain at worse was rated 9 out of 10. The pain was increased by working, sleeping wrong and raising of the arms. The pain was decreased by medication, relaxing and walking. The neck and right shoulder pain were noted to be the most painful areas. Examination of the cervical spine revealed tenderness to palpation and spasms over the paraspinal muscles. Range of motion was decreased. Right shoulder examination was not provided. Subsequent progress reports (7-30-15, 7-2-15 and 6-8-15) indicate that the injured worker pain levels varied from 5-9 out of 10 on the visual analogue scale. Treatment and evaluation to date has included medications and cognitive behavior therapy. Current medications include Fentanyl transdermal patches, Methadone hydrochloride (since at least April of 2015), Effexor, Gralise and Ibuprofen. The treating physician noted that the injured workers activity report was consistent for the prescribed medications. The injured worker noted that the medications helped decrease his pain level and improve his function. The request for authorization dated 9-1-15 included a request for Methadone 10 mg # 120. The Utilization Review documentation dated 9-4-15 non-certified the request for Methadone 10 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, 2 tab bid, #120: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of methadone is not substantiated in the records. The request is not medically necessary.