

Case Number:	CM15-0185532		
Date Assigned:	10/29/2015	Date of Injury:	07/31/2009
Decision Date:	12/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 7-31-09. The injured worker was diagnosed as having cervical pain and lumbago. Subjective findings (2-4-15, 5-7-15 and 7-2-15) indicated 1-3 out of 10 right shoulder pain with medications and 5-10 out of 10 pain without medications. The injured worker reported being able to cook, do laundry, shop, bathe and dress. Objective findings (3-4-15, 6-4-15 and 7-2-15) revealed tenderness in the subacromial space, decreased right shoulder flexion and abduction and decreased cervical extension and rotation. As of the PR2 dated 8-5-15, the injured worker reports chronic right shoulder pain. He rates his pain 0 out of 10 with medications. Objective findings include tenderness in the subacromial space, decreased right shoulder flexion and decreased cervical extension and rotation. Current medications include Gabapentin, Norco and Methadone (since at least 4-30-12). The urine drug screen on 7-2-15 was consistent with prescribed medications. Treatment to date has included a right shoulder MRI on 9-3-14, a right total shoulder arthroplasty in 2012 and physical therapy for the right shoulder in 2012. The Utilization Review dated 9-2-15, non-certified the request for Methadone 10mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #150 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details, see the guidelines. In this case, the injured worker's working diagnoses are shoulder region DIS NEC; shoulder joint pain; encounter long-term prescription use NEC. Date of injury is July 31, 2009. Request for authorization is August 25, 2015. The documentation shows methadone was prescribed as far back as April 24, 2013. According to August 15, 2015 progress note, the injured worker complains of chronic right shoulder pain. Pain is significant and relieved somewhat with medication. With pain medications, the injured worker can perform part-time work. The worker can do yard work with medications. With medications, the injured worker can interact with family. There were no side effects and no aberrant drug-related behavior. Objectively, there is tenderness with decreased range of motion cervical spine. There is shoulder tenderness at the subacromial space, tenderness at the bicipital groove. There is decreased abduction and pain with abduction with decreased shoulder flexion. There is no documentation demonstrating objective functional improvement to support ongoing methadone. There has been no return to work. There are no compelling clinical facts to support the ongoing use of methadone. According to the utilization review, the morphine equivalent dose (MED) measures 500. The upper limit of normal is 120. This does not include the use of Norco (currently prescribed). The documentation (point to past utilization reviews) indicates weaning was recommended and implemented in 2013 and then reinitiated in 2014. According to a request for methadone dated June 24, 2015, the medication was noncertified. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, long-term use of methadone as far back as April 2013, no compelling clinical facts to support the use of methadone and an elevated MED of 500 (normal up to 120), Methadone 10 mg #150 is not medically necessary.