

Case Number:	CM15-0186002		
Date Assigned:	09/28/2015	Date of Injury:	06/01/1999
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 1, 1999. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for methadone. The claims administrator referenced an August 17, 2015 RFA form and an associated progress note of August 14, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 14, 2015 office visit, the applicant reported ongoing complaints of neck, wrist, shoulder, and elbow pain. The applicant had undergone multiple failed surgeries, including earlier elbow surgery, and earlier carpal tunnel release surgery. Permanent work restrictions were renewed. It was acknowledged, however, the applicant was off of work, it was stated in social history section of note. There was mention of the applicant's having significant issues with psychological overlay. The applicant had previously received methadone from other provider, it was reported. The applicant was described as unchanged. The applicant had initially alleged pain complaints secondary to cumulative trauma at work. Little-to-no discussion of medication efficacy seemingly transpired at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone (Dolphine) 5mg #30: 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.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on August 14, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid usage. The treating provider stated in some sections of the note the applicant's ability to lift, carry, push, pull, grip, grasp, and the like had been diminished by 50% as a result of her ongoing pain complaints. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit from ongoing methadone usage in terms of parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.