MAXIMUS Federal Services

Case Number:	CM15-0191188		
Date Assigned:	10/05/2015	Date of Injury:	12/31/1991
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 76 year old, female who sustained a work related injury on 12-31-91. A review of the medical records shows she is being treated for neck, low back and knee pain. Treatments have included aqua therapy (good benefit), lumbar paravertebral sympathetic blocks (last one early 2015 with "75% relief of the right lower extremity neuropathic pain and allodynia"), right knee injections and pain psychotherapy. Current medications include Methadone and Lexapro. She has been taking Methadone since at least 1-2015. In the progress notes, the injured worker reports burning neuropathic pain and allodynia of both arms, right leg and right knee arthralgia. She rates her pain an 8-9 out of 10. This has not changed much in last few visits. She decreased her Methadone dosage from #120 to #96 per month but notes an "increase" in neuropathic pain in arms, right leg and right knee arthralgia. She noted a "10% decrease in functional abilities" and decrease in tolerance to walking, standing and driving. On physical exam dated 8-4-15, she has tenderness and spasms in cervical spine muscles. She has decreased cervical range of motion. She has tenderness over both shoulder joints. She has decreased range of motion in both shoulders. She has marked allodynia of the right distal thigh to right lower leg and foot. She is not working. The treatment plan includes refills of Methadone and Lexapro. In the Utilization Review dated 9-8-15, the requested treatment of Methadone 10mg. #77 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #77: 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: The request for methadone is not medically necessary. The 4 A's of opioid monitoring have not been documented. The patient did not have documented objective improvement in pain and function while taking Methadone. The patient had not returned to work. The risk of chronic opioid use outweigh benefits at this point. The patient should continue weaning off methadone. Therefore, the requested treatment is not medically necessary.