

Case Number:	CM15-0196528		
Date Assigned:	10/16/2015	Date of Injury:	02/07/2005
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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, Illinois

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 injured worker is a 54 year old male, who sustained an industrial injury on 2-7-05. The injured worker was diagnosed as having bilateral knee pain; bilateral knee patellar instability; myofascial syndrome; osteoarthritis knee; lumbar disc degenerative disease. Treatment to date has included physical therapy; lumbar epidural steroid injection; status post L5 laminectomy at L4 to S1 with instrumentation and fusion with dural tear repair; anterior radical aggressive discectomy L4-5 and L5-S1 (3-7-12); medications. Currently, the PR-2 notes dated 6-30-15 documented by the provider is in regards to the minutes he took for a hearing with the Law judge regarding the injured worker on 5-6-15. The medical records submitted indicate the injured worker has been in multiple "detoxification programs" and Methadone programs on the course of his industrial injury claim. A PR-2 note dated 3-23-15 indicated the injured worker "has had chronic pain management issues since his work related injury in 2005, which resulted in L4 to the sacrum circumferential fusion performed in March 2012. In 2014, [the injured worker] had requested to participate in a detoxification program for his long-term opiate addiction. Since that time [he] is actively involved in his recovery, and has progressed well. I encourage and fully support his continued enrollment". A PR-2 note dated 2-10-15 documented the injured worker "has been on our program for approximately one year. [The injured worker's] last two monthly urine drug screens have been negative for all illicit drugs. [He] is on a low dose of 30mg which works well for him. [He] does not miss clinic visits or one on one counseling appointments. [He] is currently compliant with all rules and a good candidate to remain on the program due to his extensive exposure to opiate based medications." The injured worker is a status post L5 laminectomy at L4 to S1 with instrumentation and fusion with dural tear repair;

anterior radical aggressive discectomy L4-5 and L5-S1 of 3-7-12. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-15-15 and non-certification for Methadone Program, to include prescription for Methadone and 1 hour counseling per week. A request for authorization has been received for Methadone Program, to include prescription for Methadone and 1 hour counseling per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Program, to include prescription for Methadone and 1 hour counselling per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction.

Decision rationale: The injured worker sustained a work related injury on 2-7-05. The medical records provided indicate the diagnosis of bilateral knee pain; bilateral knee patellar instability; myofascial syndrome; osteoarthritis knee; lumbar disc degenerative disease. Treatment to date has included physical therapy; lumbar epidural steroid injection; status post L5 laminectomy at L4 to S1 with instrumentation and fusion with dural tear repair; anterior radical aggressive discectomy L4-5 and L5-S1 (3-7-12); medications. The medical records provided for review do not indicate a medical necessity for Methadone Program, to include prescription for Methadone and 1 hour counseling per week. Methadone is an opioid medication. The MTUS states it is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. Like all Opioids, the MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 09/2014, but the records provided for review indicate the injured worker is not properly monitored for pain control, adverse effects and activities of daily living.