

<b>Case Number:</b>	CM15-0204127		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/17/2003
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female with an industrial injury date of 08-17-2003. Medical record review indicates she is being treated for complex regional pain syndrome upper extremity and cervical radiculopathy. In the treatment note dated 09-30-2015 the injured worker presented for "checkup." Objective findings included the injured worker was alert and oriented times 3. ADL (activities of daily living) "good." The treating physician documented the injured worker continued with allodynia and hyperesthesia. Medications included Oxycontin, Methadone (at least since 05-23-2012), Percocet, Soma, Elavil and Lidoderm. The plan was to decrease Oxycontin to 20 mg three times daily. Prior treatment included stellate ganglion block and medications. On 10-09-2015 the request for Methadone 10 mg # 30 was modified to 1 prescription for Methadone 10 mg # 24.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Weaning of Medications.

**Decision rationale:** The claimant has a remote history of the work injury occurring in August 2003 and continues to be treated for chronic pain including a diagnosis of right upper extremity CRPS. When seen, decreasing the claimant's OxyContin for weaning purposes was referenced. She was alert and oriented times three. She was not having any bowel or bladder problems. Her activities of daily living were good. She continued to have allodynia and hyperesthesia. She was continuing to use hot wax. OxyContin, methadone, and Percocet were being prescribed. The claimant's OxyContin dose was decreased. The total MED (morphine equivalent dose) was decreased from 480 mg per day to 420 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is four times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. However, weaning of the currently prescribed medications was being actively done. Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks. In this case, the total MED was decreased by 12.5%. The request is considered medically necessary with continued weaning expected at follow-up.