

Case Number:	CM15-0206652		
Date Assigned:	10/23/2015	Date of Injury:	07/09/2006
Decision Date:	12/11/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/20/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old man sustained an industrial injury on 7-9-2006. Diagnoses include status post lumbar fusion with persistent right lower extremity radiculopathy. Treatment has included oral medications including Morphine Sulfate IR, MS Contin, Topamax, and Imitrex. Physician notes on a PR-2 dated 9-9-2015 show complaints of right lower extremity pain. The worker has been paying for his medications out of pocket as the insurance company has denied them and is requesting more cost-effective measures. The physical examination shows tenderness and guarding of the lumbar paraspinal musculature with "decreased" lumbar spine range of motion. Straight leg raise is positive on the right, sensation is decreased in the right S1 dermatome, no clonus or spasticity is noted in the lower extremities. Recommendations include Methadone, Morphine Sulfate IR, Norco, and follow up in four weeks. Utilization Review denied requests for Methadone on 9-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCl 10mg #25: Overturned

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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents with right lower extremity pain. The request is for Methadone HCL 10MG #25. The patient is status post two arthroscopic surgeries to his right knee. Patient's diagnoses includes status post anterior-posterior lumbar fusion, L4 to S1, with cage and instrumentation 12/14/09; persistent right lower extremity radiculopathy. Physical examination bilateral lower extremities reveals sensation is decreased in the right lower extremity in the S1 dermatomal distribution. There is no evidence of clonus or spasticity in the lower extremities. There appears to be good circulation in the bilateral lower extremities. The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. There are no aberrant drug behaviors and he uses the medications as prescribed. The patient's medications include Methadone, Morphine Sulfate, and Norco. Per progress report dated 09/09/15, the patient is medically retired. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Treater does not specifically discuss this medication. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Methadone significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing pain reduction with use of Methadone. There is documentation regarding adverse effects and aberrant drug behavior. A UDS dated 01/12/15 is provided for review. In this case, treater has adequately discussed all of the 4A's as required by MTUS. Therefore, the request is medically necessary.