

Case Number:	CM15-0209988		
Date Assigned:	10/28/2015	Date of Injury:	08/14/2008
Decision Date:	12/15/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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, California
 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:

This injured worker is a 64-year-old male who reported an industrial injury on 8-14-2008. His diagnoses, and or impressions, were noted to include: chronic post-traumatic headache; chronic cervical disc degeneration; chronic adhesive shoulder capsulitis; chronic carpal tunnel syndrome; and chronic post-concussion syndrome. Magnetic resonance imaging studies of the right shoulder, cervical spine and brain were said to have been done on 4-10-2015. The patient had MRI of the right shoulder on 4/10/15 revealed full thickness rotator cuff tear; MRI of the cervical spine revealed degenerative changes; MRI brain revealed white matter foci and possible sinus fistula changes. His treatments were noted to include: consultation; and medication management. The progress notes of 9-21-2015 reported: unchanged symptoms from his previous visit; a workman's compensation follow-up on his back, neck, head and shoulder injuries; that he was still waiting to be referred to an orthopedist and neurologist per MRI findings; and that he needed refills on his Methadone 5 mg nightly as needed for pain. The objective findings were noted to include: obesity; reduced neck range-of-motion; painful right shoulder range-of-motion; positive Tinel's bilaterally; reduced right arm grip and triceps strength; and positive right shoulder impingement signs. The physician's requests for treatment were noted to include Methadone 5 mg at bedtime as needed for pain. No Request for Authorization for Methadone 5 mg, #30 was noted in the medical records provided. The medication list includes Methadone, Lisinopril and Ibuprofen. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Methadone 5mg #30 This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response about pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone 5mg #30 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.