

Case Number:	CM15-0023870		
Date Assigned:	02/13/2015	Date of Injury:	09/14/1994
Decision Date:	04/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 9/14/1994. She reports a back injury from lifting boxes. Diagnoses include major depression with pain disorder, lumbar sprain/strain, lumbar musculo-ligamentous injury, lumbar disc disease, lumbar spine radiculopathy, chronic pain syndrome and status post lumbar surgery x2. Treatments to date include 2 spinal surgeries, a lumbar epidural steroid injection and medication management. A progress note from the treating provider dated 11/7/2014 indicates the injured worker reported back pain. On 1/14/2015, Utilization Review non-certified the request for Methadone 10mg #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): s, 47-49, Chronic Pain Treatment Guidelines Criteria, for use of opioids Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with lumbar spine pain rated 7/10. The request is for METHADONE 10MG QTY 90. The RFA provided is dated 01/07/15. Patient's diagnosis included lumbar sprain/strain, lumbar musculo-ligamentous injury, lumbar disc disease, lumbar spine radiculopathy, chronic pain syndrome and status post lumbar surgery x2. The patient has reached a maximum medical improvement. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." A prescription for Methadone was noted in progress report dated 11/07/14 and the patient has been taking the medication consistently at least since then. In this case, treater has not stated how Methadone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.