

Case Number:	CM15-0027653		
Date Assigned:	02/20/2015	Date of Injury:	01/19/2009
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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 61 year old male, who sustained an industrial injury on 1/19/2009. The current diagnoses are degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, lumbar radiculopathy, and post laminectomy syndrome of the lumbar region. Currently, the injured worker complains of worsening bilateral low back pain, right greater than left. The pain was described as constant, sharp, and stabbing. The low back pain radiates to the right leg with moderate numbness and mild tingling. Additionally, he reports neck and left shoulder pain. The pain is described as dull, achy, and stabbing. The pain radiates into the left shoulder/arm with numbness and weakness in the arm and paresthesia in the hand. The physical examination of the cervical spine revealed tenderness to palpation in the trapezial area, restricted range of motion, and diminished sensation to light touch in the upper extremities. The lumbar spine revealed tenderness to palpation with paralumbar spasms noted. He has restricted and painful range of motion. Sensation to light touch is decreased on the right, lateral thigh, lateral calf, and dorsal foot. Treatment to date has included medications, rest, heat application, ice, physical therapy, and surgery. The treating physician is requesting Methadone 10mg #180, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for Methadone 10mg #180. The Methadone was non-certified based on no documentation of significant palliation or objective functional improvements. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg tabs 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. Guidelines do not support chronic use of Opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively. In general, detoxification should be started by reducing the dose. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic injury. The Methadone 10mg tabs 180 is not medically necessary and appropriate.