

Case Number:	CM15-0028227		
Date Assigned:	02/20/2015	Date of Injury:	08/13/2008
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 56-year-old male reported a work-related left shoulder injury on 08/13/2008. According to the PR2 dated 2/2/15, the injured worker (IW) reports constant left shoulder pain. Diagnoses include complete tear of left shoulder rotator cuff and left rotator cuff (capsule) sprain. Pain level with medication is 2/10 and without medication is 10/10. Previous treatments include medications, acupuncture and left shoulder rotator cuff repair and left total shoulder arthroplasty. The treating provider requests Methadone 10 mg, 360 tablets. The Utilization Review on 01/30/2015 modified the request for Methadone 10 mg, 360 tablets to allow 76 tablets, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 Tablets of Methadone 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, methadone Page(s): 78, 61, 62.

Decision rationale: Methadone is considered a second line medication for the treatment of moderate to severe pain. The attached medical record does not indicate that there is failure of a first-line opioid medication or and said to justify the usage of methadone. Also, the current morphine equivalent dosing of this medication is 1440 mg per day, far exceeding the maximum 120 mg recommendation. Additionally, per the MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation regarding any potential aberrant behavior by the injured employee. This is a concern considering the amount of methadone that is dispensed. Considering the high dosage of this medication and lack of complete documentation of justify its use, this request for methadone is not medically necessary.