

Case Number:	CM15-0029995		
Date Assigned:	02/23/2015	Date of Injury:	10/27/2008
Decision Date:	12/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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 53 year old male sustained an industrial injury on 10-27-08. Documentation indicated that the injured worker was receiving treatment for chronic neck, low back and right elbow pain. In a PR-2 dated 5-13-14, the injured worker complained of worsening low back pain with radiation down bilateral legs as well as ongoing right elbow pain. The physician stated that magnetic resonance imaging lumbar spine (February 2014) showed multilevel degenerative disc disease and facet arthrosis. Physical exam was remarkable for lumbar spine with limited range of motion: flexion 30 and extension 10 degrees, positive bilateral straight leg raise and intact lower extremity motor strength and sensation and right elbow with full active range of motion with "some" difficulty trying to fully supinate the forearm, tenderness to palpation on the lateral epicondyle and positive Cozen's maneuver. The physician noted that the injured worker had a history of abuse of Norco. The injured worker was initiated on Methadone. In PR-2's dated 7-16-14, 8-13-14, 11-6-14 and 12-4-14, the injured worker complained of ongoing pain, rated 10 out of 10 without medications and 4 to 6 out of 10 with medications. In a PR-2 dated 1-8-15, the injured worker complained of ongoing back and right elbow pain, rated 10 out of 10 without medications and 4 out with medications. The injured worker reported 50% reduction in pain and 50% functional improvement with activities of daily living with medications. Physical exam was remarkable for lumbar spine with limited range of motion: flexion 30 degrees and extension 10 degrees, positive bilateral straight leg raise, decreased sensation to the right lateral calf and foot and right elbow with tenderness to palpation, positive Cozen's and "limited" ability to fully

extend or supinate the forearm. The treatment plan included refilling Methadone. On 1-22-15, Utilization Review modified a request for Methadone 10mg #120 to Methadone 10mg #110.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of opioids, including Methadone. Relevant to this case is the dosing recommendations of these guidelines. It is recommended for patients on opioids that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents. Rarely, and only after pain management consultation, should the total daily dose of opioid be increased above 120 mg oral morphine equivalents. In this case, based on the available records, the patient's opioid dosing is at approximately 400 morphine equivalents per day. This exceeds the above cited MTUS recommendations. Further, there is no documentation such as a pain management consultation to support exceeding 120 morphine equivalents per day. For this reason, Methadone 10mg #120 is not medically necessary. In the Utilization Review process, the request was modified for a lower dose of Methadone. This action is consistent with the above cited MTUS guidelines.