

Case Number:	CM15-0216194		
Date Assigned:	11/05/2015	Date of Injury:	06/15/2010
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 40 year old male, who sustained an industrial injury on 06-15-2010. A review of the medical records indicates that the worker is undergoing treatment for thoracic spine injury with pain and spasm, right rotator cuff injury status post surgery. Subjective complaints (06-15-2015, 08-25-2015 and 09-22-2015) included neck and back pain radiating to the bilateral upper and lower extremities that was rated 8 out of 10. Objective findings (06-15-2015, 08-25-2015 and 09-22-2015) included tenderness to palpation of the left shoulder, thoracic spine and cervical spine, pain with range of motion of the left shoulder, thoracic spine and cervical spine, spasm in the right cervical paraspinal muscles, positive impingement sign of the left deltoid, spasm of the thoracic paraspinal muscles right greater than left, restricted respiratory effort due to pain with effort and thoracic rigidity, pain to palpation over the costochondral portion of the thoracic spine and positive Spurling's and maximal foraminal compression test on the right. Adson's, Roos and Hyperabduction tests were noted to be abnormal. Treatment has included Hydrocodone, Methadone (since at least 05-15-2015) and epidural steroid injections. There was no documentation of objective functional improvement with the use of opioid medication and despite documentation of 90% relief with the use of pain medication, the most recent progress notes note continued pain levels of 8 out of 10 and do not reveal a significant reduction of pain. The physician noted that the worker's attempts to wean medications led to increased pain, suffering and decreased functional capacity. A prescription for Methadone was requested. A utilization review dated 10-06-2015 non-certified a request for Methadone 10 mg one bid and qhs #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg one bid and qhs #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: Per CA MTUS, Medications for chronic pain page 60, methadone is a listed medication for the use in treating chronic pain. The guidelines state "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Additionally per CA MTUS, Methadone, page 61: methadone is "recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. (Clinical Pharmacology, 2008)." Based upon the records reviewed there is insufficient evidence to support chronic use of methadone. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 9/22/15. There was no documentation of objective functional improvement with the use of opioid medication and despite documentation of 90% relief with the use of pain medication, the most recent progress notes note continued pain levels of 8 out of 10 and do not reveal a significant reduction of pain. There is inadequate documentation of a failure of a first line medication. Therefore, the request is not medically necessary.