

Case Number:	CM15-0217029		
Date Assigned:	11/06/2015	Date of Injury:	11/03/2007
Decision Date:	12/18/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 55 year old male, who sustained an industrial injury on 11-3-07. The injured worker was being treated for lumbago, cervical pain, myofascial pain syndrome and herniated disc lumbar region. On 9-22-15, the injured worker complains of low back, legs, upper neck, shoulder and hand pain, rated 8 out of 10 with medications and 10 out of 10 without medications. Work status is permanently disabled. Physical exam performed on 8-17-15 revealed decreased range of lumbar motion, tenderness at lumbar spine, tenderness at facet joint and decreased range of motion of cervical spine and on 9-22-15 revealed a well appearing, well nourished male in no acute distress. Treatment to date has included oral medications including Methadone 10mg (since at least 5-14-15), Ibuprofen 800mg, Anaprox 550mg, Senokot 8.6mg and Zoloft 100mg; and activity modifications. On 9-22-15, the treatment plan included request for Methadone 10mg #120. On 10-9-15 request for Methadone 10mg #120 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg tablet - 1 tablet(s) PO every 6 hr NTE 4/day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

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 functional status and is permanently disabled. 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. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue the opiate for this unchanged chronic 2007 injury without functional benefit. The Methadone 10mg tablet, 1 tablet(s) PO every 6 hr NTE 4/day #120 is not medically necessary and appropriate.