

Case Number:	CM15-0033453		
Date Assigned:	02/26/2015	Date of Injury:	04/06/2004
Decision Date:	04/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 57 year old male who sustained an industrial injury on 04/06/2004. He has reported chronic intractable pain in the feet. Diagnoses include Tarsal tunnel syndrome; diabetes mellitus type 2-insulin dependent; chronic end stage renal disease; bilateral peripheral neuropathy, depression; status-post right tarsal tunnel release in 2005; status post left tarsal tunnel release in 2004, excision of neuroma both feet 2003. Treatment to date includes medications. A progress note from the treating provider dated 12/16/2014 indicates the IW has chronic bilateral neuropathic foot/toe pain rated 7/10 on medications. He is taking gabapentin oral tablet 600 mg: take one tablet three times a day for 30 days, and gabapentin oral capsule 300 mg.: take one capsule three times a day for 30 days. The IW states he gets good relief about 2 hours after taking the methadone 5 mg with the gabapentin. In the notes of 12/16/2014 he wants to proceed with this medication; however the workman's compensation was no longer paying for his methadone. According to the UR denial letter, the IW was allegedly discharged from care by pain management specialist for a positive urine drug screen for THC on 11/13/13 (notes not found in medical records, and not indicated as part of medical records and data reviewed by the utilization review). On 01/15/2015, the provider notes list his medications as gabapentin Oral Capsule 300 mg, and methadone HCL Oral tablet 10 mg. The notes further state his increase from 5 mg to 10 mg Methadone has helped control his pain longer. On 02/02/2015 Utilization Review non-certified a request for Methadone tab 10mg, days' supply: 30 quantity: 60. The MTUS-ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab 10mg, days supply:30 quantity:60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. The medical documents indicate that the patient has been on Methadone since at least 8/2014. At that time, his dose was 5mg #90, 30 day supply. The treating physician currently prescribed Methadone 10mg #60, 30 day supply. The physician does not state why the increase in the dose is necessary nor what extenuating circumstances allow for prescribing Methadone in excess of guidelines. As such, the request for Methadone tab 10mg, days supply: 30 quantity: 60 is not medically necessary.