

Case Number:	CM15-0035318		
Date Assigned:	03/03/2015	Date of Injury:	08/25/2000
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/25/2015

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 51-year-old female, who sustained an industrial injury on August 25, 2000. She has reported injury of the low back, right leg, and hip. The diagnoses have included intractable low back pain, chronic pain syndrome, degenerative disc disease of the lumbar spine, status post lumbar microdiscectomy. Treatment to date has included medications, physical therapy, acupuncture, epidural injections, trigger point injections, and transcutaneous electrical nerve stimulation unit. Currently, the IW complains of headaches, right shoulder pain, right arm pain, mid to lower back pain, buttock pain, bilateral thigh pain, and right calf pain. She reports pain radiation into her right thumb area, in addition she reports numbness, weakness, fatigue, and difficulty walking. She states her medications work well. She rates her pain as 7-8/10 without medications, and 5/10 with medications. Physical findings reveal muscle spasms, tenderness of the lumbar area, and scoliosis. The Utilization Review indicates non-certification of replacement supplies for the transcutaneous electrical nerve stimulation unit due to no evidence of functional improvement, and pain decrease with its continued use. The current medications are listed as: Levoxyl, Ibuprofen 800mg, Methadone 5mg, Sertraline 100mg, Norco 10/325mg, Flector 1.3% patches, Valium 10mg, Omeprazole 20mg, and Simvastatin. On February 2, 2015, Utilization Review non-certified Methadone 10mg, one twice daily, #240 for weaning off medications over four to six months. The Chronic Pain Medical Treatment guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Methadone 10mg, one twice daily, quantity #300 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg 5 bid #300 per 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, upper back and low back pain. She also complains of bilateral leg, hand hip and feet pain. The current request is for METHADON 10MG 5 BID #300 PER 30 DAYS. The Request for Authorization is dated 1/21/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. According to progress report dated 11/5/14, the patient is taking medications as prescribed with no side effects. On this date, the patient reported pain level as 6-7/10 with medications and 4-5/10 without medications. With medications she is able to "perform ADLs with less difficulty and she is able to function and do more through the day due to less pain." Report dated 12/9/14 states that the patient has decreased ADLs and social activity and rated her pain as 8-9/10. Urine drug screens were consistent and the patient does not exhibit aberrant behaviors. On 1/21/15, the patient reported, "ADLs is becoming more and more overwhelming, and she stated that she needs help." In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. MTUS requires that all the 4A's be addressed for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.