MAXIMUS Federal Services

Case Number:	CM15-0042376		
Date Assigned:	03/12/2015	Date of Injury:	03/28/2005
Decision Date:	04/22/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/06/2015

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 was a 43-year-old female, who sustained an industrial injury, March 28, 2005. The injured worker previously received the following treatments MRI of the lumbar spine on July 12, 2011, CT scan of the lumbar spine on September 1, 2011, functional capacity evaluation on December 16, 2011, Lyrica, Cymbalta, Gabapentin, Oxycodone, Oxycontin, Xanax, Norco, Soma, Methadone, removal of hardware L3-S1 on September 16, 2013, laboratory studies, right sacroiliac joint injection for pain in the right lower extremity. The injured worker was diagnosed with lumbar arthrodesis L3 through the sacrum with hardware removal on September 16, 2013, right lower extremity pain, right arm amputation for osteosarcoma, lumbar radiculopathy chronic low back pain, right sacroiliac joint pain, high opiate tolerance, and right hip pain. According to progress note of December 16, 2014, the injured workers chief complaint was chronic post fusion lower back pain and other pain problems, including neuropathic pain from right amputation, sacroiliitis and post fusion back pain. The injured worker had high opiate tolerance. The injured worker had 100% relief from pain for several days. The exam noted the injured worker rated the pain 6 out of 10; 0 being no pain and 10 being the worse pain. The treatment plan included a prescription renewal for Methadone 10mg #60 on December 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Upheld

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

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 was injured on 03/28/05 and presents with chronic low back pain. The request is for methadone 10 mg #60. The RFA is dated 12/30/14 and the patient is disabled, permanent and stationary. The patient has been taking Methadone as early as 11/18/14. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, "Criteria for use of opioids for Long-term Users of Opioids (6-months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 Criteria for use of Opioids, ongoing management, also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "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. In this case, none of the 4A's are addressed as required by MTUS Guidelines. Although the treater provides pain scales, there are no pain scales describing before-and-after medication usage to document analgesia. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with the medications prescribed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Methadone is not medically necessary.