

Case Number:	CM15-0043871		
Date Assigned:	03/13/2015	Date of Injury:	12/31/1991
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 76-year-old female, who sustained an industrial injury on December 31, 1991. The mechanism of injury is not indicated in the records available for this review. The injured worker was diagnosed as having complex regional pain syndrome type II. Treatment to date has included medications, aqua therapy, psychotherapy, orthovisc injections, and lumbar sympathetic blocks. The records indicate she has been prescribed Methadone since at least August 5, 2014. On March 11, 2015, she is seen for complaints of burning neuropathic pain, which she rates 8/10 on a pain scale, and allodynia of the right lower extremity. She reports having 75% pain relief with lumbar sympathetic blocks completed on April 17, 2014. On January 14, 2015, she was recommended to decrease Methadone 10mg from 10 daily to 7 daily. Following this decrease in Methadone, she reports an increase in her pain and decrease in activities by 50%. The request is for Methadone 10mg #225.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #225: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The 76-year-old patient presents with burning neuropathic pain and allodynia of the right lower extremity, rated 8/10. The request is for Methadone 10mg #225. The RFA provided is dated 03/12/15 and the date of injury is 12/31/91. The patient's diagnoses per 03/11/15 report includes complex regional pain syndrome type II in bilateral upper extremities and lower extremities, bilateral median neuropathy, occipitotemporal muscle contraction cephalgia, myofascial pain syndrome of the neck, bilateral shoulders, and thoracolumbar paravertebral muscles, right subacromial and right subdeltoid bursitis. Without the use of Methadone treater states, "the patient is unable to perform activities of daily living and reports 50% decrease in functional abilities, including decrease in walking tolerance from 1 block to 1/2 block, and decrease in standing tolerances from 30 minutes to 15 minutes and driving tolerances from 60 minutes to 30 minutes." The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per 03/11/15 report, treater states, "Ongoing pain assessment has been made at each monthly visit with review of medication, documentation of medication benefit, medical necessity and note of any adverse side effects. There are no aberrant drug-related behaviors and UDS have been consistent." Methadone was included in treater reports dated 08/05/14, 09/09/14, 01/21/15 and 03/11/15. Although the treater states that documentations are provided, there are no specific ADL's discussed showing significant functional improvements. No validated instruments are used and no outcome measures are provided showing functional improvement as required by MTUS. The request is not medically necessary.