

Case Number:	CM15-0047409		
Date Assigned:	03/19/2015	Date of Injury:	09/21/1998
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 year 69 old male, who sustained an industrial injury on 09/21/1998. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/06/2015 the injured worker has reported back pain that radiates down left leg and burning long the bottom of his right foot. On examination he was noted to have pain in left with range of motion of lumbar area. Psychological testing revealed moderate depression. The diagnoses have included L5-S1 disc bulge with moderate facet arthropathy contributing to bilateral L5 foraminal narrowing with contact of the right L5 nerve root with L5 chronic radicular pain, L4-L5 disc bulge with facet arthropathy causing bilateral L4 foraminal narrowing with bilateral L4 radicular pain, chronic pain syndrome and polypharmacy. Treatment to date has included pain medication, laboratory studies, physical therapy, psychiatric evaluation and lumbar spine MRI. The provider prescribed the continuation of pain medication methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: 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 Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for METHADONE 10MG #90. The request for authorization is dated 02/20/15. The pain over the past month has generally been 5-6/10, although it has gone up to 8/10, particularly in the morning, or 2-3/10 with his medications and with lying down. Patient's medications include Methadone, Lyrica, Adderall, Norco and Xanax. 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 4As (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. Per progress report dated, 02/20/15, treater's reason for the request is "for breakthrough pain." The patient is prescribed Methadone since at least 01/14/14. MTUS requires appropriate discussion of the 4A's, and in addressing analgesia, treater documents reduction in pain rating from 8/10 without to 2-3/10 with medication showing significant pain reduction with use of Methadone. However, in addressing the other 4A's, treater does not discuss how Methadone significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. A UDS dated, 02/20/2015, is provided, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.