

<b>Case Number:</b>	CM15-0050796		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/06/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 48 year old male, who sustained an industrial injury on May 6, 2008. He reported right shoulder and neck pain, depression and anxiety. The injured worker was diagnosed as having a history of a comminuted fracture of the right scapula, ongoing intractable shoulder pain, right upper extremity neuropathic pain, rotator cuff tendinopathy, multiple rib fractures with a chest tube for hemothorax with ongoing hypersensitivity at the chest tube scar incision site, left hand digit amputation, post-traumatic stress disorder with associated severe depression and anxiety treated with psychotropic medications and psychotherapy treatments and post-concussive headache. Treatment to date has included radiographic imaging, diagnostic studies, chest tube placement, conservative treatments, medications and work and lifestyle modifications. Currently, the injured worker complains of intractable right shoulder pain. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported ongoing depression and anxiety secondary to the intractable pain. Evaluation on May 13, 2014, revealed continued pain. Evaluation on December 12, 2014, revealed continued pain with depression and anxiety. He reported feeling of hopelessness and mental and physical fatigue. He required medications daily to maintain function. Methadone and a functional rehabilitation program were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg # 90 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless Methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. In this case, the injured worker's working diagnosis are history of fracture right scapula with intractable shoulder pain; neuropathic pain right upper extremity; rotator cuff tendinopathy, chronic; chest tube placement with hemothorax and pneumothorax in the right with area with ongoing hypersensitivity; multiple rib fractures; posttraumatic stress disorder and reactive depression; and postconcussive headaches. The documentation shows the injured worker has been prescribed Methadone since December 2012. Methadone was prescribed with ongoing Norco 4-5 tablets per day. The morphine equivalent dose (MED) is 350. The elevated MED places the injured worker at risk for multiple potential adverse drug interactions. The injured worker subjectively states a reduction in pain by 50% and an improvement in function by 50%. However, there is no documented objective functional improvement in the medical record. There have been recommendations (prior utilization reviews) for weaning Norco and methadone. The documentation suggests the treating physician has not attempted weaning to date. Additionally, methadone does not appear to be prescribed by a pain or addiction specialist. Consequently, absent clinical documentation with objective functional improvement with concurrent use of Norco 4-5 tablets per day with no attempt at weaning (for either drug), Methadone 10 mg #90 is not medically necessary.

**Functional Rehab Program Consultation with A Physical Medicine Physician:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional restoration program.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, functional rehabilitation program consultation with physical medicine physician is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. There are predictors of successful failure (when negative predictors of success) which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured worker's working diagnosis are history of fracture right scapula with intractable shoulder pain; neuropathic pain right upper extremity; rotator cuff tendinopathy, chronic; chest tube placement with hemothorax and pneumothorax in the right with area with ongoing hypersensitivity; multiple rib fractures; posttraumatic stress disorder and reactive depression; and postconcussive headaches. On January 29, 2015, the treating psychologist saw the injured worker. The injured worker requested a functional restoration program to get back to work. The psychologist referred the patient back to the primary care provider who submitted a request for authorization but did not include a clinical rationale or indication (in the January 26, 2015 progress note) for a functional restoration program. The injured worker's date of injury is May 6, 2008. The oldest progress note in the medical record from 2012 states the injured worker is not working. The guidelines indicate "If the injured worker has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period." The injured worker has been totally disabled for greater than 24 months. There is no outcome for necessity of use clearly identified in the medical record. The treatment records from the treating psychologist dated February 5, 2015, shows the injured worker is followed monthly. He is frustrated, has crying spells, sleeps 14 hours per day and has been having increased symptoms of depression. Negative predictors include high levels of psychosocial distress and prevalence of opiate use. Psychiatric diagnoses include post-traumatic stress disorder and reactive depression. The injured worker has active symptoms of depression, frustration and crying spells. Additionally, the current list of medications include Methadone 10 mg TID, Norco 10/325 mg every 4 to 6 hours as needed; Lodine 400 mg; the record 200 mg TID; baclofen 10 mg four times a day as needed; Abilify; Pristiq; Klonopin; Ambien; and Elavil. Utilization review physician recommended weaning methadone and Norco. However, the treating physician has not started the weaning/tapering process. Consequently, there are multiple negative predictors of success including high levels of psychosocial distress, prevalence of opiate use,

continuous disability in excess of 24 months without an outcome for necessity of use clearly identified in the medical record, and, as a result, functional rehabilitation program consultation with physical medicine physician is not medically necessary.