

Case Number:	CM15-0055251		
Date Assigned:	03/30/2015	Date of Injury:	09/17/2002
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/23/2015

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 57 year old male, who sustained an industrial injury on 09/17/2002. He reported injury to bilateral hands from repetitive type work. Diagnoses include chronic reoccurring tenosynovitis of the left dorsal and left hand. He is status post bilateral carpal tunnel release and multiple debridements. Treatments to date include medication therapy, occupational therapy, and cortisone injections. Currently, he complained of persistent hand difficulties. On 3/31/15, the physical examination documented evidence of chronic tenosynovitis, persistent nerve neuropathy. The provider documented two surgical debridements with pathology tests were completed without results of the testing. The plan of care included physical therapy and medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90 with 2 refills: Overturned

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

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 bilateral wrist and hand pain. The request is for METHADONE 10MG #90 WITH 2 REFILLS. The request for authorization is dated 03/06/15. The patient is status-post bilateral carpal tunnel syndrome, date unspecified. Patient has a spinal cord stimulator implanted, 05/2010, that he uses 24/7. Worst pain score: 8-9/10; least pain score: 2/10; usual pain score: 2-3/10. He reports that his medications help to bring his pain down by 80%. The patient's medications include Methadone, Cymbalta, Zetia, Diovan, Flomax and Bystolic. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 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 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, 01/08/15, treater's reason for the request is "Patient is suffering from chronic pain syndrome secondary to complex regional pain syndrome bilateral wrists and hands. He is tolerating his methadone without adverse effect. This patient does not display drug-seeking or drug addictive behaviors. Opiate risk assessment has been carried out, and a narcotic agreement is in place. Urine toxicology screening and CURES reports are done at regular intervals, and done randomly as needed." The patient is prescribed Methadone since at least 06/25/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Methadone significantly improves patient's activities of daily living with specific examples of ADL's, such as, she was able to spend quality time over the holidays with his children and his grandchildren. Analgesia is also discussed, specifically showing significant pain reduction with use of Methadone by 80%. Furthermore, there is documentation and discussion regarding the absence of adverse effects and aberrant drug behavior. And random UDS, CURES and narcotic agreement is in place. Per progress report dated, 03/06/15, this medication is prescribed, "Methadone HCl 10 MG Tablet 1 tab(s) tid" and follow up visit is in 3 months. Therefore, the request IS medically necessary.