

Case Number:	CM15-0056397		
Date Assigned:	04/01/2015	Date of Injury:	09/08/2004
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/25/2015

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 58 year old male who sustained an industrial injury on 9/8/04. The injured worker reported symptoms in the neck. The injured worker was diagnosed as having chronic pain; status post left shoulder surgery with adhesive capsulitis, right shoulder impingement pain, neck pain, multilevel degeneration and stenosis, multiple level degenerative disc disease and foraminal stenosis. Treatments to date have included injections, lumbar support, topical creams, oral pain medication, home exercise program, and activity modification. Currently, the injured worker complains of neck pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

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

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 09/08/2004 and presents with chronic neck pain, shoulder pain, and lower back pain. The request is for Methadone 10 mg #180. The RFA is dated 01/25/2015, and the patient's work status is not provided. The patient has been taking methadone as early as 01/16/2014. MTUS Chronic Pain Medical Treatment Guidelines page 88-89, "Criteria for use of opiates for long-term users of opiates (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 opiates, 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. The 09/09/2014 report states that "medications help but not eliminate chronic pain, but do improve his ADL, function, endurance of house chores." The 10/15/2014 report states, "Review the applicant's signed controlled substance prescription survey sheet and verified by log online to PDMP for her CURE." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There is no before-and-after medication usage to document analgesia. There are no examples of specific ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. The patient does have a CURES report on file. The most recent urine drug screen from 01/26/2015 indicates that the patient is compliant with his prescribed medications. However, 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.