

Case Number:	CM15-0080843		
Date Assigned:	05/01/2015	Date of Injury:	08/13/2008
Decision Date:	06/10/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/27/2015

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 56-year-old male, who sustained an industrial injury on 8/13/08. The injured worker has complaints of left shoulder pain that radiates to his neck and upper back. The diagnoses have included complete tear of the left rotator cuff and rotator cuff (capsule) sprain left. Treatment to date has included Ativan; sertraline; trazodone; quetiapine; methadone; magnetic resonance imaging (MRI) of the left shoulder and left shoulder X-ray. The request was for 360 tablets of methadone 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 Tablets of Methadone 10mg: Upheld

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

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

Decision rationale: Based on the 03/30/15 progress report provided by treating physician, the patient presents with left shoulder pain that radiates to neck and upper back. Patient also has a

non-industrial diagnosis of PTSD. The request is for 360 TABLETS OF METHADONE 10MG. No RFA provided. Patient's diagnosis includes complete tear of the left rotator cuff, and left rotator cuff capsule sprain. Treatment to date has included imaging studies, home physical therapy and medications. Patient's medications include Methadone, Ativan, Sertraline, Trazodone and Quetiapine. Patient's work status was not provided. Treatment reports were provided from 10/03/14 - 03/30/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Methadone has been included in patient's medications, per treater reports dated 10/03/14, 01/05/15, and 03/30/15. Treater states "Will continue methadone for chronic pain qty#360 as patient has functional improvement." In this case, treater has not stated how Methadone significantly improves patient's activities of daily living. Per 03/30/15 report, treater states pain is rated 10/10 with, and 9/10 without medications. Methadone "provides 70% pain relief." In addressing analgesia, a one-point difference on the VAS cannot constitute 70% analgesia relief; and there are no validated instruments to support statement. MTUS states that "function should include social, physical, psychological, daily and work activities." Per 03/30/15 progress report, treater states "signed narcotic agreement of file. Patient does not exhibit any aberrant drug seeking behavior. Patient with UDS consistent with the prescribed medications." However, per 02/02/15 treater report, urine drug screen was positive for Methadone, as well as marijuana (THC), Methamphetamines, and Amphetamines. Furthermore, there are no specific discussions regarding adverse reactions, ADL's, etc. No CURES reports, no return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and recreational drugs present in UDS, implying aberrant behavior, this request cannot be warranted by guidelines. Therefore, the request IS NOT medically necessary.