

Case Number:	CM15-0088554		
Date Assigned:	05/12/2015	Date of Injury:	05/06/1998
Decision Date:	06/17/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 58 year old male who sustained an industrial injury on 5/6/1998. His diagnoses, and/or impressions, are noted to include: cervical disc herniation with chronic neck and shoulder pain, without radiculopathy; and right shoulder arthroscopy for rotator cuff tear, with repair and 3 revisions, and resulting in complex regional pain syndrome in the right upper extremity with ongoing chronic neuropathy and cubital syndrome in the right elbow. No current imaging studies are noted. His treatments have included medication management with toxicology screenings. Progress notes of 4/21/2015 reported constant pain and burning in her neck and right shoulder, with 50% relief provided by a Cortisone injection; along with the request for continued Methadone, at night, as a long-acting analgesic. She stated that she cannot function without the medications prescribed her, as they provide her with 50% reduction in pain and 30% improved function; and that all of her medications are self-procured as insurance is denying them. The objective findings were noted to include crepitus and very limited range-of-motion to the right shoulder; ongoing allodynia signs to light touch in the right upper extremity that is cold to touch and with positive Tinel's (right elbow) and Tinel's & Phalen's signs of the right hand; and very limited neck range with cervical compression and radiating to the right shoulder. The physician's requests for treatments were noted to include the continuation of Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, Weaning of Medications Page(s): 61-62, 74-95, 124.

Decision rationale: Methadone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The Guidelines suggest methadone specifically should be used only if symptoms have not responded to a first line opioid because this medication has an increased risk for potentially serious complications. Further, methadone has potential interactions with a number of other medications. A complete list of the medications the worker takes should be documented, and the worker should be cautioned to tell all other care providers that this medication is being used. The submitted documentation indicated the worker was experiencing pain in the neck and right shoulder. The documented pain assessments did not include many of the elements recommended by the Guidelines. There was exploration of potential negative side effects, individualized risk assessment, or description of prior failed treatment with a first line opioid. In the absence of such evidence, the current request for 30 tablets of methadone 5mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.