

Case Number:	CM15-0235180		
Date Assigned:	12/10/2015	Date of Injury:	12/31/1991
Decision Date:	01/15/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/01/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 77 year old female who sustained an industrial injury on 12-31-91. A review of the medical records indicates that the worker is undergoing treatment for complex regional pain syndrome bilateral upper extremities, bilateral median neuropathy due to carpal tunnel syndrome status post left carpal tunnel release, occipitotemporal muscle contraction cephalgia, myofascial pain syndrome of the neck, bilateral shoulders and thoracolumbar paravertebral muscles, low back pain, status post left ulnar transposition at the elbow, status post failed open reduction internal fixation of proximal left humeral fracture and subsequent revision to total arthroplasty (non-industrial), sleep disturbance and depression, right subacromial and right subdeltoid bursitis, complex regional pain syndrome right lower extremity, and right knee arthritis. Subjective complaints (9-28-15) include return of right knee arthralgia with weight-bearing, 8-9 out of 10 burning neuropathic pain and allodynia of bilateral extremities, right lower extremity and right knee arthralgia. Resolution of the prior constipation with the approved lactulose is noted. Objective findings (9-28-15) include myofascial spasm and tenderness in the bilateral temporalis, bilateral splenius capitus, bilateral semispinalis capitus, bilateral semispinalis cervicis, bilateral trapezius, bilateral levator scapulae, bilateral supraspinatus, and bilateral rhomboid muscles. The physician reports bilateral subacromial and subdeltoid bursa tenderness, left lateral and medial epicondyle tenderness, temperature coolness of the left fingers, marked allodynia of the right distal thigh to right lower leg and right foot, and moderate deep hyperalgesia of the right knee. The physician notes with the decrease in Methadone 10mg from 10 per day to 7 per day on 1-14-15, the worker noted significant pain in the right knee and right

lower extremity with 50% decrease in functional abilities including in walking tolerance from 1 block to half a block, decrease in standing tolerance from 30 minutes to 15 minutes and driving tolerance from 60 minutes to 30 minutes. It is noted that the minimal methadone 10mg dosing per day to allow for adequate functional improvement is 5 per (150 per month), and it was decreased (approved) to #65 per month, the worker states she will pay cash for the remainder (73 per month). It is noted 2 prescriptions were given, one to be filled under the industrial carrier (#65) and one to be filled (#85) under cash pay. A urine drug screen (5-6-15) was reported as negative. No aberrant drug related behaviors are noted and an updated current narcotic agreement is noted as in place. Previous treatment includes right lumbar paravertebral sympathetic blocks 4-17-14 (reported 75% relief of right lower extremity neuropathic pain and allodynia until early 2015), Methadone, Lexapro, Lactulose, and right knee joint orthovisc injections. The treatment plan includes Methadone 10mg 5 per day as needed #65 and Lexapro 10mg twice a day #60. A request for authorization is dated 9-30-15 and also as "11-4-15 2nd request." The requested treatment of Methadone 10mg #65 was non-certified on 11-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #65: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: 1 prescription of Methadone 10mg #65 is not medically necessary Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.