

Case Number:	CM14-0137461		
Date Assigned:	09/05/2014	Date of Injury:	07/25/2000
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year-old patient sustained an injury on 7/25/2000 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription of Oxycodone 30mg #180 and 1 Methadone 10mg #180. Diagnoses include Plantar Fibromatosis. Report of 7/18/14 from the provider noted the patient with chronic ongoing feet symptoms with follow up for treatment of bilateral plantar fasciitis. The patient is unable to work without medication therapy of Methadone and Oxycodone. Exam showed tenderness on the soles of the feet. There appears to be a duplicate request for Oxycodone and Methadone with certification on 7/22/14 for weaning purposes. The request(s) for 1 Prescription of Oxycodone 30mg #180 and 1 Methadone 10mg #180 was non-certified on 7/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON-GOING MANAGEMENT ACTIONS SHOULD INCLUDE, OPIOIDS DOSING, OXYCODONE IMMEDIATE RELEASE Page(s): 78, 86, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 46 year-old patient sustained an injury on 7/25/2000 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription of Oxycodone 30mg #180 and 1 Methadone 10mg #180. Diagnoses include Plantar Fibromatosis. Report of 7/18/14 from the provider noted the patient with chronic ongoing feet symptoms with follow up for treatment of bilateral plantar fasciitis. The patient is unable to work without medication therapy of methadone and Oxycodone. Exam showed tenderness on the soles of the feet. There appears to be a duplicate request for Oxycodone and Methadone with certification on 7/22/14 for weaning purposes. The request(s) for 1 Prescription of Oxycodone 30mg #180 and 1 Methadone 10mg #180 was non-certified on 7/23/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 Prescription of Oxycodone 30mg #180 is not medically necessary and appropriate.

1 Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: This 46 year-old patient sustained an injury on 7/25/2000 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription of Oxycodone 30mg #180 and 1 Methadone 10mg #180. Diagnoses include Plantar Fibromatosis. Report of 7/18/14 from the provider noted the patient with chronic ongoing feet symptoms with follow up for treatment of bilateral plantar fasciitis. The patient is unable to work without medication therapy of methadone and Oxycodone. Exam showed tenderness on the soles of the feet. There appears to be a duplicate request for Oxycodone and Methadone with certification on 7/22/14 for weaning purposes. The request(s) for 1 Prescription of Oxycodone 30mg #180 and 1 Methadone 10mg #180 was non-certified on 7/23/14. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not

support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as Heroin or other Morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. The patient is prescribed multiple opiates including current Oxycodone. Guidelines do not support chronic use of opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively by not more than 20%/day. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic injury of 2000. The 1 Methadone 10mg #180 is not medically necessary and appropriate.