

Case Number:	CM14-0211190		
Date Assigned:	12/24/2014	Date of Injury:	01/06/2000
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, District of Columbia, Maryland
 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:

Injured worker is a 42 year old male with date of injury 01/06/2000. Date of the UR decision was 12/5/2014. Per report dated 12/2/2014, the injured worker complained of his pain level being 7-8/10. It was documented that recent discontinuation of the Opana ER had led to increase in his general pain score. He was being prescribed Norco, Klonopin and Soma. He was diagnosed with lumbago with lumbar radiculopathy, status post L5-SI fusion, status post removal of hardware with intractable pain, facet and sacroiliac joint arthropathy, migraine headaches and recent fall, unspecified left knee injury, including fracture. Physical examination revealed significant sciatic notch tenderness bilaterally, sensory deficits to light touch, thermal and vibratory sensation over the dermatomes L4, L5 and S1 in the right lower extremity, with weakness in ankle dorsiflexion on the right. On the left side, he had weakness over the quadriceps and hamstring at 4+/5, weakness in the left ankle in dorsiflexion at 4+/5, diminished ankle reflex on the right, with absent reflex on the left and positive straight leg raise bilaterally. Medications continued at that visit were Norco 10/325 mg, 1-2 tablets every 3-4 hour as needed for pain, #240. The treating provider documented that Klonopin 1 mg #30 and methadone 10 mg #180 were continued to help with withdrawal and pain. Laboratory report dated 10/30/14 reveals detection of Morphine, Norhydrocodone, Hydromorphone, Methadone, EDDP, Clonazepam, Carisoprodol, and Meprobamate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCl 10mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 73.

Decision rationale: Per MTUS CPMTG, methadone is indicated for moderately severe pain. With regard to long-term users of opioids, and strategies for maintenance, MTUS recommends: "(a) Do not attempt to lower the dose if it is working. (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. This can be determined by information that the patient provides from a pain diary or evaluation of additional need for supplemental medication." Upon review of the submitted medical records, IW was on a higher total daily opiate dose with different opiates, and his opiate regimen was simplified down to methadone to minimize symptoms of withdrawal and pain. The MTUS has a detailed list of recommendations for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and these recommendations do appear to have been addressed by the treating physician in the documentation available for review. To reach the MTUS definition of medical necessity for ongoing treatment in the context of safety, efforts to rule out aberrant behavior (ie CURES report, UDS, opiate agreement) and assure safe usage are needed. These also appear to be documented as appropriate as noted in the clinical history. I respectfully disagree with UR physician's assertion that methadone was not appropriate because of continued pain and insufficient function, as the PTP documented that the IW continued to work because of the function-supporting analgesia afforded by methadone, and the increased pain was due to the recent significant decrease in total opiate dosage. The request is medically necessary.