

Case Number:	CM15-0011960		
Date Assigned:	01/29/2015	Date of Injury:	06/12/2009
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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 66-year-old female, who sustained a work related injury on 5/12/09. The diagnoses have included post-laminectomy cervical spine syndrome, post-laminectomy lumbar spine syndrome, and shoulder pain. Treatments to date have included cervical and lumbar spine surgeries, bilateral knee arthroscopies, right total knee replacement, left shoulder arthroscopy, left total knee arthroplasty, Methadone pain medication, subacromial injection, cervical and lumbar epidural steroid injections and cervical and lumbar radiofrequency ablations and home exercise program. The injured worker complains of neck pain that radiates down arm. She complains of left shoulder and low back pain. Her pain is made worse by activity. Her pain is improved with rest. She has limited range of motion in neck and back. On 1/14/15, Utilization Review non-certified a prescription request for Methadone HCl 5mg., #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 01/12/2015 report, this patient presents with neck pain and right shoulder pain as well as low back pain. She is status post cervical spine foraminotomy at C5-6 and lumbar fusion at L4-5. The current request is for Methadone HCl 5mg, #60. This medication was first mentioned in the 10/17/2014 report; it is unknown exactly when the patient initially started taking this medication. The patient's work status is permanent and Stationary with permanent disability. For chronic opiate use, 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 aberrant 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. Per 01/12/2015 report, the treating physician states that the patient reported the Methadone does provide 75% pain relief in her neck and back. She notes that she can bend forward more easily at the waist and reach with her arm to pick up something from the floor or put on her socks and shoes. She can also stand and walk for 10-15 minutes longer at a time before she has to stop and rest. She states that the pain relief allows her to do her daily activities like dressing, bathing, cooking, and light cleaning. The treating physician also states the urine toxicology screen from last month which showed the presence of methadone. There were no inconsistencies with this. We also reviewed her DEA Cures patient activity report for the past 6 months which shows that the patient has only been receiving opioid medications from our clinic, and has been compliant. There have been no issues with early refills or "lost" prescriptions. We do not suspect any diversion. In this case, the treating physician's report shows proper documentation of the four As as required by the MTUS guidelines. Therefore, the current request IS medically necessary.