

Case Number:	CM15-0015637		
Date Assigned:	02/03/2015	Date of Injury:	08/13/2008
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/28/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 55 year old male sustained an industrial injury to the left shoulder on 8/13/08. Magnetic resonance imaging left shoulder (11/9/11) showed a large tear of the rotator cuff and degenerative arthritis. X-ray of the left shoulder (11/10/12) showed total left shoulder replacement without injury. In a PR-2 dated 1/5/15, the injured worker complained of left shoulder pain with radiation up to the neck associated with numbness. The injured worker rated his pain over 10/10 without medications on the visual analog scale. With medications, the injured worker's pain was reduced by 30% with no ill side effects. Physical exam was remarkable for severe tenderness to palpation to the left acromial joint with limited range of motion and positive apprehension test. Current diagnoses included complete tear of the left rotator cuff, rotator cuff capsule strain and post-traumatic stress disorder of non-industrial causes. The treatment plan included continuing medications (Ativan, Sertraline, Trazadone and Quetapine) and continuing Methadone 10 three tabs four times a day. The physician noted that the injured worker had functional improvement with Methadone. The physician noted that decreasing Methadone in the past resulted in functional limitations such as ability to perform activities of daily living. Documentation failed to disclose objective evidence of functional improvement. On 1/6/15, Utilization Review modified a request for 360 tablets of Methadone 10mg to 76 tablets of Methadone 10mg citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 tablets of Methadone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioidsMethadone Page(s): 76-79, 61.

Decision rationale: According to MTUS guidelines, Methadone: Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug(8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.”According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. Therefore, the prescription of METHADONE 10 MG #360 is not medically necessary.