

Case Number:	CM15-0017007		
Date Assigned:	02/02/2015	Date of Injury:	01/06/1999
Decision Date:	05/29/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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 63-year-old female, who sustained an industrial injury on 01/06/1999. The initial complaints or symptoms included pain/injury to bilateral knees, right arm and elbow, and low back after tripping and falling. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, bilateral total knee arthroplasty, and laboratory testing. Currently, the injured worker complains of worsening back pain. Medications were reported to be partially effective in controlling the injured worker's pain without side effects. Current medications included alprazolam, amlodipine, Cozaar, Cymbalta, Dexilant, Lasix, lorazepam, methadone, Mirapex, Nexium, nystatin, potassium chloride, Ritalin, Soma, Synthroid, and Wellbutrin. It was reported that there had been a previous attempt to cut/reduce medications, which resulted in poor pain control. The diagnoses include depressive disorder, attention deficit disorder, hypertension, discogenic disc disease, and back pain. The treatment plan consisted of continued medications (including methadone 10mg #600).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL10mg #600: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 01/06/99 and presents with back pain. The request is for METHADONE HCL 10 MG #600. There is no RFA provided and the patient's work status is not provided. The patient has been taking this medication as early as 06/12/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse 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 for work, and duration of pain relief. The 06/12/14 report states that the medications are "being used appropriately and allow for doing activities of daily living and help with functionality." On 07/30/14, she rated her back pain as a 7/10. On 10/29/14, she rated her pain as an 8/10 at its worst and a 4/10 at the worst. The 01/08/15 report states, "No side effects are being reported. UDS in office today was consistent." The patient has a narcotic agreement on file dated 10/29/14. In this case, the treater does provide a before-and-after medication usage to document analgesia and provides a discussion on side effects. However, there are no specific examples of ADLs, which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. The patient had a urine drug screen conducted on 01/08/15 which revealed that she was consistent with her prescribed medications. There are no outcome measures provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Methadone IS NOT medically necessary.