

Case Number:	CM15-0116753		
Date Assigned:	06/24/2015	Date of Injury:	05/31/2006
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 63 year old male who sustained an industrial injury on 5/31/06. Progress note dated 4/29/15 reports bilateral elbow and hand pain. Pain medications bring his pain level down from 7.5/10 to 5.5/10. Diagnoses include elbow, hand and extremity pain. Plan of care includes: EKG, continue with colace, dilaudid, methadone, resume regular walking program 20 to 30 minutes every day, use wrist splints during rest and sleep. Refer to Stanford for opioid weaning. He has tried weaning himself but has been unsuccessful. Discussed the risks and benefits of medications prescribed. Follow up in 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Stanford for opioid weaning Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

Decision rationale: Referral to Stanford for opioid weaning Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that the longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. The documentation is not clear that this patient will be weaning. The documentation indicates that the patient understands that there were EKG changes related to Methadone but that he prefers to continue the Methadone. There is also documentation that the methadone may be increased if the patient has a normal EKG next visit. It is unclear what the Stanford program opioid weaning entails. The request for a referral to Stanford for opioid weaning is not medically necessary.