

Case Number:	CM15-0118775		
Date Assigned:	06/29/2015	Date of Injury:	03/31/1998
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 60-year-old male who sustained an industrial injury on 3/31/1998 resulting in low back pain. He was diagnosed with chronic lumbar radiculopathy. Treatment has included Lumbar laminectomy, ice, spinal cord stimulator from which he reports 70% pain relief, home exercise, and medication, which he says provides a 40% pain reduction and improves overall functionality. The injured worker has reported increasing low back pain and bilateral leg and foot pain. The treating physician's plan of care includes Methadone, 10 mg twice a day. His work status is not addressed in the provided notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg Qty 60, 1 tab twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

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

Decision rationale: Based on the 01/13/15 progress report provided by treating physician, the patient presents with low back pain rated 6/10 that radiates to the bilateral legs with weakness. The patient is status post lumbar laminectomy, date unspecified. The request is for Methadone 10 mg qty 60, 1 tab twice daily. Patient's diagnosis per Request for Authorization forms dated 01/15/15, 02/05/15, 04/23/15 and 05/21/15 includes radiculitis and failed back surgery syndrome. Diagnosis on 01/13/15 includes end of life SCS impulse generator (battery), chronic lumbar radiculopathy, lumbar post laminectomy syndrome, status post spinal cord stimulator implant, and chronic medication, not a wean candidate per MTUS. The patient ambulates with a walker. Physical examination to the lumbar spine revealed pain radiates in L3-4 distribution. Range of motion was decreased, especially on extension 10 degrees. Sensation decreased in lateral thigh. Treatment to date has included surgery, spinal cord stimulator, ice, home exercise, and medications. Patient's medications include Methadone, Tramadol, Omeprazole, Valium, Neurontin and Lidoderm patch. Patient's work status not provided. Treatment reports provided from 11/06/14 - 05/20/15. 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 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 to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Methadone is included in RFA's dated 01/15/15, 02/05/15, 04/23/15 and 05/21/15. It is not known when Methadone was initiated. Per 05/20/15 report, pain is rated 8/10, and medications help 40%. Per 04/22/15 report, treater states medications allow "walking, sitting, standing, tolerate ADL's." While the treater has addressed analgesia with pain scales, and discusses some specific ADL's, it is not known that the patient would be unable to self-care based on the condition provided. MTUS states that "function should include social, physical, psychological, daily and work activities." Urine toxicology report dated 03/20/15 revealed consistent results for prescribed medications and was inconsistent for THC (Marijuana). In this case, are no specific discussions regarding aberrant behavior, adverse reactions, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, and inconsistent UDS, the request is not medically necessary.