

Case Number:	CM15-0121565		
Date Assigned:	07/02/2015	Date of Injury:	03/28/2005
Decision Date:	09/09/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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 York

Certification(s)/Specialty: Emergency 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 44-year-old male, with a reported date of injury of 03/28/2005. The mechanism of injury was a fall to the ground. The injured worker's symptoms at the time of the injury included instant swelling of the back and the inability to walk. The diagnoses include status post right hemilaminectomy and discectomy at L4-5, status post three-level lumbar arthrodesis, sacroiliac joint dysfunction, bilateral sacroiliac joint arthrodesis, failed back surgery syndrome, lumbar radiculopathy, status lumbar fusion, chronic low back pain, status post right arm amputation for osteosarcoma, and high opiate tolerance. Treatments and evaluation to date have included bilateral sacroiliac joint injections, oral medications, and topical pain medications. The diagnostic studies to date have included CT scans of the lumbar spine; an x-rays of the lumbar spine; a CT scan of the pelvis; x-rays of the sacroiliac joints; and an MRI of the lumbar spine. The medical report dated 06/02/2015 indicates that the injured worker had post fusion low back pain, failed back surgery syndrome, pain from the right arm amputation, high opiate tolerance, bilateral sacroiliitis, status post SI (sacroiliac) joint fusion, and nonunion. It was noted that his medication were only moderately helpful. The injured worker had a new onset of pain in the left superior medial buttock. His current reported pain score was 7 out 10. The physical examination showed that there was no significant change, a moderate bulge that was extremely tender in the medial superior aspect of the left buttock, and no signs of infection. The injured worker's work status was documented as disabled. The medical report dated 05/05/2015 indicates that the injured worker did not have a problem with dose escalation, early refills, or side effects. He was on a moderate dose of opiates. The injured worker's current pain rating was 6 out of 10. The injured worker's work status was documented as disabled. The treating

physician requested Methadone 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Methadone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone (Dolophine, Methadose).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids Page(s): 61-62 and 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend Methadone "as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." There was documentation that the injured worker had failed conservative care. It was noted that the injured worker was on Buprenorphine therapy, but his quality of life deteriorated, so the treating physician found it necessary to restart him on his current opiate regimen. The guidelines indicate that opioids for chronic back pain appear to be effective but limited for short-term pain relief, and long-term effectiveness is unclear (greater than 16 weeks). Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Methadone is an opioid, and the injured worker has been taking this medication since 09/16/2013. There appears to be a period where Methadone was not listed as a current medication; however, the use of Methadone was restarted on 11/18/2014. The MTUS Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include some of these items as recommended by the guidelines. There was documentation of the current pain rating, appropriate medication use, and side effects; however, there was no documentation of increased functionality and increased pain relief. There was no change in the injured worker's work status. Therefore, the request for Methadone is not medically necessary.