

Case Number:	CM15-0173563		
Date Assigned:	09/15/2015	Date of Injury:	01/28/1999
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 1-28-99 when he landed on his buttocks injuring his low back. Diagnoses include morbid obesity; osteoporosis; testicular hypofunction; depressive disorder; lesion of ulnar nerve; chronic pain due to injury; intervertebral lumbar disc degeneration; dysthymia; low back pain; thoracic radiculitis; vertebral column fracture; lumbosacral radiculopathy; compression fracture of the thoracic vertebra. He currently (8-13-15) complains of persistent low back pain radiating to the right thigh, calf, foot, and ankle. The "severity level is moderate-severe". His average pain level was 5-6 out of 10 with current medication regimen and his sleep is improved. Per the 8-17-15 progress note COAT (chronic opioid analgesic therapy) is being provided for his chronic pain and "he is stable on the methadone and feels the best that he has in a long time" per 7-15-15. On physical exam of the lumbar spine there were spasms, tenderness on palpation. Diagnostics included DXA scan (2012) showing osteoporosis. Treatments to date include industrial medications: Advil, Prevacid, Testosterone, Norco, methadone, Lyrica, Gabitril and per the 8-13-15 progress note his current urine drug screen and CURES are consistent for all prescribed controlled substances until the present time. The medication list includes Testosterone, Norco, methadone, Lyrica, Gabitril, Advil, Prevacid, Ibuprofen, Januvia. His CURES and opiate agreement are also up-to- date. The last drug screen was on 7-30-15. The request for authorization dated 8-13-15 indicated a request for methadone 10 mg #180 with no refills. On 8-26-15 utilization review evaluated and modified from methadone 10mg #180 to methadone 10mg #26 based on its potential for abuse. The patient sustained the injury due to a fall. The patient has had history of GERD, anxiety and

depression. The patient's surgical history include cholecystectomy and bladder surgery. Patient underwent IDET procedure on 1/22/2002.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Request: Methadone HCL 10mg #180. Methadone HCL 10mg #180 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid medications is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control (antidepressants for chronic pain), is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone HCL 10mg #180 is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.