

Case Number:	CM15-0174328		
Date Assigned:	09/16/2015	Date of Injury:	04/28/2000
Decision Date:	10/16/2015	UR Denial Date:	08/16/2015
Priority:	Standard	Application Received:	09/04/2015

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: Massachusetts

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

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 61 year old male with an industrial injury dated 04-28-2000. The initial injury was documented as falling backward on a stake that was driven into the ground. It went through his rectal area and also tore his bladder wall. After surgery for the initial injury was done with resolution, the injured worker noted back pain. Review of medical records indicate he is being treated for back pain, degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of the back and leg cramps - sleep related. He presents on 08-11-2015 with complaints of low back pain with radiating symptoms down his right leg. The pain is described as sharp, pressure feeling and worse with standing. The provider documents the injured worker is taking Methadone one pill daily. "He will only use this to treat pain that is not controlled by Norco." "He is tolerant to opiates but he insists they help to reduce his pain." The provider documents the following: "The patient reports that without medications he cannot tolerate his current level of functioning. With medications he is able to help around the house, he cares for his children, he will go shopping. Without meds he has much greater difficulty tolerating this. The medications offer him some quality of life that he otherwise would not have related to having his chronic pain because of his low back injury." He was not working. The provider documents "The patient is medically retired, no plans to return to work." In the progress note dated 03-19-2015 the provider documented the medications "give him about 60 - 70% improvement in pain and function. Gait was antalgic and guarded. In this note, the provider documented "Continue on long-term stable use of Methadone, Norco, Wellbutrin, Lidoderm patch and Ambien." Medical records submitted for review are dated 03-19-2015, 05-14-2015

and 08-11-2015. The medications documented in the 03-19-2015 include Methadone. His current medications were documented as Ambien, Lidoderm, Wellbutrin, Celexa, Colace, Lidoderm topical film, Soma, Docusate Sodium and Methadone. Physical exam is documented as "alert and oriented. "Moderate distress." Lumbar exam was documented as bilateral tenderness, pain and antalgic gait. "Patient reports bilateral radicular symptoms."The provider documents urine drug screen done on 12-2014 was appropriate for meds prescribed. PARS were reviewed and were appropriate for known medication prescribed 01-2015. Modification and treatment agreement are documented as reviewed and signed on 03-2014. "ORT is low risk."Prior treatments documented are two surgeries on low back, spinal cord stimulator, medications, TENS unit and Lidoderm patches. The treatment request is for Methadone 5 mg quantity 30 with two refills. On 08-16-2015 the request for Methadone 5 mg quantity 30 with two refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg quantity 30 with two refills: Overturned

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, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2000 when, while working on a construction site, he fell backwards onto a stake in the ground sustaining injuries to the rectum and bladder and lumbar spine. He required several pelvic surgeries and his injury was complicated by infection. He has undergone two lumbar fusions. He continues to be treated for chronic pain. Treatments have included a spinal cord stimulator. When seen, he was taking methadone and Norco. Medications are referenced as allowing him to perform activities such as caring for his children, shopping, and helping around the house. Physical examination findings included appearing in moderate distress. There was an antalgic gait. Methadone and Norco were prescribed at a total MED (morphine equivalent dose) of 50 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are allowing for activities of daily living and an improved quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.