

Case Number:	CM15-0174789		
Date Assigned:	09/16/2015	Date of Injury:	12/31/1991
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
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: Pennsylvania, Ohio, 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 76 year old female, who sustained an industrial injury on 12-31-1991. Diagnoses include complex regional pain syndrome (CRPS) of the bilateral upper extremities, bilateral median neuropathy due to carpal tunnel syndrome status post left carpal tunnel release, occipitotemporal muscle contraction cephalgia, myofascial pain syndrome, low back pain, status post ulnar transposition at the elbow, status post failed open reduction internal fixation (ORIF) of proximal left humeral fracture and subsequent revision to total arthroplasty, sleep disturbance and depression, right subacromial and right sub deltoid bursitis, CRPS right lower extremity and right knee arthritis. Treatment to date has included surgery, right lumbar parasympathetic blocks, medications, orthovisc injections to the right knee, pain psychotherapy and aqua therapy. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker reported 8-9 out of 10 burning allodynia pain in the upper extremities, and complete return of right knee arthralgia with weight bearing, previously 80-90% improved following three orthovisc injections. She reported 10% decrease in functional abilities including decrease in walking tolerance, standing tolerance and driving tolerance with a decrease in Methadone from 120 per month to 96 per month and noted significant increase in her neuropathic pain. Objective findings included marked allodynia in the lower extremities. There was left lateral and medial epicondylar tenderness in the upper extremities with mild allodynia and moderate deep hyperalgesia in the left upper extremity. Cervical spine exam revealed myofascial spasm and tenderness with marked occipital tenderness with pressure reproducing her usual occipitotemporal headache. Methadone dosage was modified per Utilization Review (UR) on

1-14-2015 and again on 3-18-2015 for weaning purposes. Per the medical records dated 2-11-2015 and 4-08-2015, the injured worker reported a decrease in activities of daily living and functional ability and an increase in pain since the decrease in medication. Per the medical record dated 4-08-2015 she has been prescribed Methadone since 2009. Authorization was requested for Lexapro 10mg #60 and Methadone 10mg #96. On 8-10-2015, Utilization Review (UR) modified the request for Methadone 10mg #96 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #96: 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): Methadone, Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Use of methadone or other opioids is particularly not indicated in the current extremely chronic situation. Therefore this request is not medically necessary.