

Case Number:	CM15-0177787		
Date Assigned:	09/18/2015	Date of Injury:	09/23/2013
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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 64 year old male, who sustained an industrial injury on 9-23-13. He reported burns to his head, neck, trunk, and left hip. The injured worker was diagnosed as having burns of multiple sites, chronic pain syndrome, posttraumatic stress disorder, and depressive disorder. Treatment to date has included left first web space contracture release with Z-plasty, anterior neck contracture release with full thickness skin grafting, release of left oral commissure contracture with mucosal advancement, physical therapy, a home exercise program, and medication. The injured worker had been taking Methadone since at least January 2015. The treating physician noted "he has chronic widespread pain symptoms and had been dependent on Methadone since his hospitalization." Currently, the injured worker complains of electrical type pain around the left arm and left leg. On 7-20-15 the treating physician requested authorization for Methadone oral solution 5mg-5ml #90. On 8-12-15 the request was non-certified; the utilization review physician noted "there was minimal to no documentation of efficacy and improved functionality with methadone. There was no documentation of urine drug screens or other opioid risk assessment having been performed."

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone oral solution 5mg/5ml take 3ml every 24 hours orally for 30 days. Qty: 90. 0 refill: 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 for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for widespread pain after a burn injury and secondary psychological trauma. When seen, he was having chronic pain and depression with nightmares. Pain was rated at 3/10. There was no history of alcohol or substance abuse. Physical examination findings included appearing depressed. There were widespread burn injuries. Methadone was being prescribed at 3 mg daily. Methadone is a long acting opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. When used for pain, dosing is at 8 hours intervals. It is being prescribed once per day and there is no history of substance abuse. Continued prescribing cannot be considered as being medically necessary.