

Case Number:	CM15-0064752		
Date Assigned:	04/10/2015	Date of Injury:	01/06/1999
Decision Date:	05/18/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old female who sustained an industrial injury on 1/6/99. She has reported tripping over a doorjamb and falling onto her right knee. The diagnoses have included back disorder, lumbosacral spondylosis, and chronic pain due to trauma, lumbar degenerative disc disease (DDD), backache, opioid dependence and depression. Treatment to date has included medications, physical therapy and surgery including open reduction internal fixation (ORIF) left leg in 1991 and left total knee arthroplasty (TKA) in 2004. It was noted that the urine drug screen dated 1/8/15 was consistent with medications prescribed however, the report was not noted. There were previous physical; therapy sessions noted. There were no diagnostic studies documented. Currently, as per the physician progress note dated 2/18/15, the injured worker complains of back pain that was rated 4-5/10 on pain scale with taking medications. It was noted that she would like to have physical therapy but it would not be paid for by workmen's compensation. Also noted was that she wanted to cut down pain medications but had too much pain and had to increase them. The pain medications were noted to be partially effective for the pain and allow her to carry on with activities of daily living (ADL) and help with functionality. The physical exam revealed lumbosacral tenderness, decreased range of motion and she ambulates with use of a cane. Treatment plan was to continue with current medications and follow up in 1 month. The physician requested treatment included Methadone HCL 10mg #360 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61, 78.

Decision rationale: With regard to methadone, the MTUS CPMTG states: "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 2/18/15, it was noted that "medications are partially effective for controlling the pain. No side effects are being reported and they are safe. They are being used appropriately and allow for doing activities of daily living and help with functionality. There is no sign of diversion or abuse." Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation submitted for review indicates that the injured worker has been taking methadone 50mg four times daily for over a year which was confirmed by her CURES. This represents a morphine equivalent dose of 2400. There were no UDS reports available for review. Per progress report dated 9/15/14, it was noted that the injured worker was tapered off methadone twice but the pain returned and she went back on. As the MTUS recommends a daily MED of no more than 120, medical necessity cannot be affirmed therefore, this request is not medically necessary.