

Case Number:	CM15-0065369		
Date Assigned:	04/13/2015	Date of Injury:	12/11/2000
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
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

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 47 year old male who sustained an industrial injury on 12/11/00. The injured worker reported symptoms in the back and bilateral shoulders. The injured worker was diagnosed as having spinal/lumbar degenerative disc disease, low back pain, lumbar radiculopathy, and post-lumbar laminectomy syndrome. Treatments to date have included oral pain medication, injections, acupuncture treatment, status post decompressive laminectomy, home exercise program, psychotherapy sessions, physical therapy, and aqua therapy. Currently, the injured worker complains of pain in the back and bilateral shoulders. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, 180 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88 and 89.

Decision rationale: This patient has a date of injury of 12/11/00 and presents with chronic low back pain. The current request is for Methadone 10MG 180 count. The Request for Authorization is dated 03/17/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been utilizing Methadone since at least 01/20/14. Progress reports continually provide a before and after pain scale, which denotes a decrease in pain with taking medications. The patient reports that without medications he is essentially bed bound, which also significantly impacts his mood, depression and anxiety. The patient states that with the use of medications he is able to do light chores around the house such as watering plants. The patient is able to drive a car and perform some exercise as well. A CURE was checked on 07/03/14 and was appropriate, routine drug screens are administered to monitor compliance and the patient report that only side effect is constipation. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request is medically necessary.