

Case Number:	CM15-0072085		
Date Assigned:	04/22/2015	Date of Injury:	06/15/2010
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 06/15/2010. According to a progress report dated 03/17/2015, the injured worker reported severe flare-yup of stabbing pain in his back shooting down his right leg. He felt like he was dragging his leg with and associated burning sensation. With medications, he reported a 50 percent reduction in pain and a 50 percent functional improvement with activities of daily living. Pain was rated 9 on a scale of 1-10, at best a 4 with medications and 10 without medications. He reported ongoing insomnia due to pain and constipation from narcotic use. Impression was noted as history of lumbar laminectomy, fusion at L5-S1 with pedicle screw fixation with worsening back pain and radicular symptoms in the right leg, constipation from narcotic use and stable with stool softeners, itching side effect from Methadone use and stable with Benadryl at night and multiple allergies to various narcotics tried in the past and currently stable with Methadone. Treatment plan included Methadone 10 mg three times a day for chronic pain #90, Benadryl, Senokot, Colace and Ambien. Urine drug screens were noted to be appropriate and the injured worker was under a narcotic contract. Currently under review is the request for Methadone tablets 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tablets 10mg, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, switching from other opioids to methadone was based on having allergies to other first-line opioids such as Dilaudid, codeine, Norco, and Oxycodone, as was documented in the notes available for review. The methadone was documented as decreasing his pain levels by 50% and improving his overall function by 50%. No side effects were reported using methadone. Therefore, it is reasonable and medically necessary to continue the methadone at this time.