

Case Number:	CM15-0074862		
Date Assigned:	04/24/2015	Date of Injury:	02/09/1989
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 79 year old male, who sustained an industrial injury on 2/9/1989. The mechanism of injury is unknown. The injured worker was diagnosed as lumbar laminectomy syndrome and shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included surgery and medication management. In a progress note dated 3/3/2015, the injured worker complains of low back pain and shoulder pain. The treating physician is requesting Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150 for weaning purposes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #150 for weaning purposes is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar laminectomy syndrome with residual pain; and shoulder pain. The medical record contains duplicate copies of a 14 page medical record. The request for authorization date is March 31, 2015. The most recent progress note in the medical record is March 3, 2015. The utilization review contains a type written document from the injured worker. The documentation indicates present medications and dosages have been stable for over four years. Pain medications have been stable for essentially 20 years. Medications are prescribed by the primary care physician, a cardiologist, a pulmonologist, a pain specialist and (incidentally) a dermatologist. A March 3, 2015 progress note shows the injured worker is taking Methadone 50 mg per day, Tylenol for extra strength tablets per day, Aricept; Atenolol, warfarin, Spiriva, amlodipine, furosemide, potassium chloride, Relafen and Lipitor. Subjectively, the injured worker presents for a checkup and refills. The shoulder have been waking up the injured worker in the middle of the night with pain. The VAS pain score is 2-4/10. Objectively, there is a mental status examination. There is no physical examination performed and documented in the medical record. There is no attempt at weaning documented in the medical record. There are no detailed pain assessments in the medical record. There is no risk assessment in the medical record. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. There is no documentation of objective functional improvement noted in the cursory progress notes in the 28-page record. Consequently, absent compelling clinical documentation with objective functional improvement with ongoing long-term methadone, an attempt at weaning (methadone), detailed pain assessments and risk assessments, and a more thorough history and physical examination based on the side effect profile of methadone with adverse cardiac effects, Methadone 10 mg #150 for weaning purposes is not medically necessary.