

Case Number:	CM15-0075731		
Date Assigned:	04/27/2015	Date of Injury:	04/29/2002
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male who sustained an industrial injury on 04/29/2002. Diagnoses include myalgia, adjustment disorder with anxious mood, neck sprain, chronic pain syndrome, degeneration of cervical and lumbar intervertebral discs, depressive disorder, dysthymia, back problem, chronic pain due to injury, gastroduodenitis, headache, testicular hypofunction, insomnia, low back pain, lumbar sprain, myositis, neck pain, knee pain, cervical spondylosis without myelopathy, thoracic back pain, displacement of lumbar intervertebral disc without myelopathy, spasm, lumbosacral spondylosis without myelopathy, anxiety depression, decreased testosterone level, gastritis, arthropathy of lumbar facet and lower leg joint pain. Treatment to date has included medications, physical therapy, chiropractic sessions, home exercises, and Transcutaneous Electrical Nerve Stimulation. A physician progress note dated 03/21/2015 documents the injured worker complains of consistent moderate low back pain. He has pain in the lower back, neck, and bilateral shoulders. Pain radiates to the left ankle, right ankle, left arm, right arm, left calf, right calf, left foot, right foot, left thigh and right thigh. He rates his pain as a 9, on a scale of 0-10 without medications, and his pain is a 6 with medications. The cervical spine, thoracic, and lumbar spine are tender, and with moderate pain with range of motion. The current medications allow the injured worker a functional lifestyle and improved activities of daily living. Treatment requested is for Methadone HCL 10mg #120, and Psychiatry evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 78-81.

Decision rationale: The injured worker sustained a work related injury on 04/29/2002. The medical records provided indicate the diagnosis of myalgia, adjustment disorder with anxious mood, neck sprain, chronic pain syndrome, degeneration of cervical and lumbar intervertebral discs, depressive disorder, dysthymia, back problem, chronic pain due to injury, gastroduodenitis, headache, testicular hypofunction, insomnia, low back pain, lumbar sprain, myositis, neck pain, knee pain, cervical spondylosis without myelopathy, thoracic back pain, displacement of lumbar intervertebral disc without myelopathy, spasm, lumbosacral spondylosis without myelopathy, anxiety depression, decreased testosterone level, gastritis, arthropathy of lumbar facet and lower leg joint pain. Treatment to date has included medications, physical therapy, chiropractic sessions, home exercises, and Transcutaneous Electrical Nerve Stimulation. The medical records provided for review do not indicate a medical necessity for Methadone HCL 10mg #120. Methadone is an opioid that is only FDA-approved for detoxification and maintenance of narcotic addiction. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication since 08/2014 with no overall pain and functional improvement. The injured worker has been taking a dose that exceeds the 120 morphine equivalents per day recommended by the MTUS. Also, there is no evidence the injured worker is being monitored with EKG for QT prolongation. Therefore the request is not medically necessary.

Psychiatry evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 87.

Decision rationale: The injured worker sustained a work related injury on 04/29/2002. The medical records provided indicate the diagnosis of myalgia, adjustment disorder with anxious

mood, neck sprain, chronic pain syndrome, degeneration of cervical and lumbar intervertebral discs, depressive disorder, dysthymia, back problem, chronic pain due to injury, gastro-duodenitis, headache, testicular hypofunction, insomnia, low back pain, lumbar sprain, myositis, neck pain, knee pain, cervical spondylosis without myelopathy, thoracic back pain, displacement of lumbar intervertebral disc without myelopathy, spasm, lumbosacral spondylosis without myelopathy, anxiety depression, decreased testosterone level, gastritis, arthropathy of lumbar facet and lower leg joint pain. Treatment to date has included medications, physical therapy, chiropractic sessions, home exercises, and Transcutaneous Electrical Nerve Stimulation. The medical records provided for review do indicate a medical necessity for Psychiatry evaluation and treatment. The medical records including 09/2014 notes, and 04/2015 notes indicate the injured worker suffers from anxiety, depression, and adjustment disorders. The MTUS states, " If personal or psychosocial factors are contributing to delayed recovery, psychological, psychiatric, or other behavioral health intervention is more appropriate than continuing medication, physical therapy, or surgery; continuing such treatment in the face of treatment failure simply creates the expectation of disability." Therefore the request is medically necessary.