

Case Number:	CM13-0011876		
Date Assigned:	11/01/2013	Date of Injury:	09/08/2003
Decision Date:	04/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old male who has a work injury dated 9/8/03. His diagnoses include lumbar radiculopathy and lumbar degenerative disc disease. A follow up with his primary treating physician on 8/28/13 revealed patient has low back and knee pain. The pain has increased since last visit with no new problems or side-effects. Quality of sleep is fair. Activity level has remained the same. The patient is on MS Contin, Norco, and Methadone. On physical exam patient ambulates without assistive device. There is decreased lumbar range of motion and hypertonicity of the paraspinal muscles. The straight leg raise test was negative bilaterally. Lumbar facet loading is positive bilateral. Heel and toe walking are normal. Babinski sign is negative. Left knee reveals a positive McMurray's sign, tenderness on the medial and lateral joint line. There is decreased and painful knee range of motion. The motor strength of the extensor hallucis longus is 4/5 on right, ankle dorsiflexors is 4/5 on right. On sensory examination, light touch sensation is decreased over lateral thigh ,the right ,and lateral Final Determination Letter for IMR Case Number [REDACTED] 3 calf on the left side sensation to pin prick is decreased on lateral calf on right side . On examination of deep tendon reflexes knee jerk is 1/4 on both sides. Per documentation on the 8/28/13 report the physician advised that the patient should discontinue Methadone due to a prolonged QT interval. The MS Contin was increased from 60mg TID to QID. Per documentation that patient has a history of early medication refills, excessive use of medications Against the prescribed dose, and urine screens positive for cTHC. On 8/20/13 he had a two level, (bilateral L5) lumbar transforaminal epidural steroid injection under fluoroscopy. Per a 7/31/13 primary treating physician report the patient came in early for his appointment Early on 7/25/13 stating he tried to lift a 60 lb. dog and had an exacerbation of pain and overtook his Methadone Due to flare up of his back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCl 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The Expert Reviewer's decision rationale: Methadone HCl 10mg #60 is not medically necessary per the MTUS guidelines. There is documentation that patient has had cTHC on urine toxicology screens. Additionally, there is documentation that the patient has had prolonged QT interval on prior EKG tests. There was a recommendation on an 8/23/13 from patient's physician that methadone should be discontinued due to prolonged QT interval in past. The documentation indicated that patient took an additional dosage of Methadone beyond what was prescribed in order to get pain relief which is against MTUS recommendations. Additionally the MTUS recommends discontinuing opioids if there is continuing pain with adverse intolerable side effects and also if there is evidence of illegal activity such as illicit drugs and/or alcohol use. Given the patient's history of positive cTHC on toxicology screens and prolonged QT interval Methadone HCl 10mg #60 is not medically necessary.

Repeat EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Methadone.

Decision rationale: A repeat EKG is not medically necessary per the ODG guidelines. (Between dates of 7/31/2013 and 10/15/2013) The MTUS is silent on EKG monitoring but does discuss the QT prolongation that can occur while taking Methadone. The Final Determination Letter for IMR Case Number [REDACTED] 4 ODG states that overall, there appears to be a high "tolerance" for EKG monitoring and particularly if there is a history of arrhythmia, syncope, or structural heart disease, or if seizures of syncope develop after initiation of treatment. The documentation indicates that patient is due for another EKG in Dec. 2013. Additionally the Methadone was recommended to be discontinued elsewhere in this review. The need for a repeat EKG at this time is not medically necessary.