

Case Number:	CM13-0036776		
Date Assigned:	12/13/2013	Date of Injury:	03/23/1999
Decision Date:	02/20/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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 60-year-old female who reported a work related injury on 03/23/1999, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses, lumbosacral disc degeneration, spasm of muscle, muscle weakness, myalgia and myositis, postlaminectomy syndrome of the lumbar spine, lumbar disc displacement, thoracic or lumbosacral neuritis or radiculitis unspecified. The clinical note date 08/26/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents status post recent MRI of the lumbar spine which revealed moderate central canal stenosis at L4-5, mild to moderate central canal stenosis at L3-4, and continued seroma to the upper sacral lamina. The provider documents the patient reports cramping to the bilateral lower extremities that is often severe enough where the patient has the inability to ambulate. The provider documents the patient's average rate of pain is at a 7/10 to 8/10. The patient reports her current pain medication regimen affords her 35% of relief. The provider documents the patient utilizes methadone 5 mg 3 tabs by mouth 3 times a day, Valium 5 mg 1 by mouth every day, and Ambien 10 mg 1 to 2 by mouth at bedtime. The provider documented upon physical exam of the patient, worsening spasms to the paraspinal muscle of the lower lumbar spine were noted. The patient had limited range of motion in all planes of the lumbar spine with positive facet loading maneuvers bilaterally. There was limited range of motion and decreased strength to the right hip at 4+/5 to 5-/5. Strength was decreased bilaterally to the ankles at 4+/5. The provider administered a prescription for methadone 5 mg 3 tablets 3 times a day #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section Opioids Criteria for Use Section Page(s): s 61; 78.

Decision rationale: The current request is not supported. The California MTUS indicates methadone is recommended as a second line drug for moderate to severe pain. If the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication in part secondary to the long half life of the drug (80 hours to 59 hours). The clinical notes fail to document the patient utilizing and failing with other opioid interventions for her pain complaints. The clinical notes documented the patient utilizes both methadone and Valium. In addition, the clinical notes documented the patient has been recommended via previous peer reviews to begin titration/tapering of use of methadone for her chronic pain. The California MTUS Guidelines state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for methadone 5 mg #270 is not medically necessary or appropriate.