

Case Number:	CM13-0057128		
Date Assigned:	12/30/2013	Date of Injury:	02/11/2011
Decision Date:	03/26/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 61 year old male presenting with right knee pain, lower back pain, upper back pain, left hip pain following a work related injury on 02/11/11. The claimant had a history of Left L45-L5 transforaminal epidural steroid injection. The physical exam on 11/13/2013 was significant for positive supine straight leg raise on the left, right hand cast, persistent decreased sensation on light touch left lateral thigh. The claimant was diagnosed with chronic pain syndrome, cervicalgia, lumbago and sciatica. The claimant was prescribed Methadone 5mg 4 times per day, Cymbalta 120mg daily Trazodone 50mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Methadone 5 mg, QTY: 480.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 79.

Decision rationale: Prescription for Methadone 480 tabs is not medically necessary. According to the MTUS Guidelines, page 79 indicates that weaning of opioids is recommended if (a) there is no overall improvement in function, unless there are extenuating circumstances (b)

continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The employee's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the employee was permanent and stationary. The employee has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Monthly medication visits, QTY: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Methadone Page(s): 42.

Decision rationale: Monthly medication visits quantity of 6 is medically necessary. The employee was on methadone long term and even if it is more appropriate in this case to start weaning the employee off the medication, it may take months to do so. According to the MTUS, "Basic rules: Weigh the risks and benefits before prescribing methadone. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments, and know the information that is vital to give the patient." Given close monitoring is recommended, the request is medically necessary.