

Case Number:	CM13-0058402		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2000
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 and is licensed to practice in California. 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:

This 50 year-old female sustained an injury on 8/25/00 while employed by the [REDACTED]. Request under consideration include Methadone 10MG 5 BID 300/MO x 6 months. A report dated 10/2/13 from the provider noted the patient with complaints of mid and lower back, left and right leg pain, and left and right forearm pain. It was noted she almost went to the emergency room due to severe mid and lower back pain. The patient is trying to do breathing relaxation, HEP, ice, Transcutaneous electrical nerve stimulation (TENS) and massage for pain relief and report flector patches have been very helpful with back muscle spasms along with functional benefit from the pain medications. Exam noted awkward gait; right thoracic spine and lumbar spine tenderness; motor exam with normal tone, strength, and nutrition of muscles; sensory is decreased over anterior and lateral thigh on right side. Current medications list Norco, Clonazepam, Entocort, Sertraline, Valium, Amrix ER, Ibuprofen, Methadone, Flector patch, Morphine ER, Oxycodone, Levoxyl, and Omeprazole. Diagnoses included sciatica, low back pain s/p lumbar laminectomy syndrome; lumbar disc disorder; chronic pain syndrome, depression, and anxiety. Request above for Methadone 10 mg 5 BID #300/mo x 6 months was partially-certified for Methadone 10 mg #300 without refills citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG 5 BID 300/MO WITH NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81, 86 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. The patient is prescribed multiple opiates including current Morphine ER, Oxycodone, and Norco along with extremely high doses of Methadone with over 1000 MED. Guidelines do not support chronic use of Opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively by not more than 20%/day. In general, detoxification should be started by reducing the dose to 60 mg once/day over several weeks before attempting complete detoxification. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic injury of 2000. The Methadone 10MG 5 BID 300/MO x 6 MONTHS is not medically necessary and appropriate.