

Case Number:	CM13-0064249		
Date Assigned:	01/03/2014	Date of Injury:	07/30/2003
Decision Date:	05/14/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Medicine and is licensed to practice in Texas and Florida. 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 47 year old who was injured on 7/30/2003. The diagnoses are listed as incomplete spinal cord injury, quadriplegia, neck pain, back pain and muscle spasm. There are significant co-existing diseases such as sleep apnea, depression and anxiety. The patient was treated in 2008 for severe bipolar disorder with associated auditory hallucination. [REDACTED] noted on 12/9/2013 that the patient had antalgic gait, contractures of the upper extremities and needed crutches to ambulate. The medications are listed as Cymbalta for depression, Clonazepam for anxiety, Flexeril for muscle spasm, Lunesta for sleep, methadone, Nucynta and Topamax for pain. The patient is also on Lactulose and Bisacodyl for the prevention and treatment of opioid induced constipation. The UDS done on 11/5/2012 and 2/7/2013 was inconsistent with none detection of prescribed methadone, Clonazepam and Hydrocodone. There was no documentation of EKG monitoring. A Utilization Review decision was rendered on 12/2/2013 recommending modified certification of methadone 5mg bid #60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 5MG 1 TAB PO EVERY 6 HOURS #60, 0 REFILLS: 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 Page(s): 74-96.

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS addressed the use of opioids in the management of chronic musculoskeletal pain. Opioids are indicated for short term treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is not responsive to standard NSAIDs and physical therapy. This patient is also utilizing Nucynta, a medication with opioid like action. The prescription of methadone as the opioid of choice should be limited to experienced prescribers after documentation of failure of first line opioids and exclusion of potential cardiac conduction abnormalities and aberrant drug behavior. There is no documentation of failure with standard first line opioids or EKG monitoring. The presence of aberrant drug behaviors such as inconsistent UDS, non improvement in ADL and presence of co-existing conditions such as sleep apnea and severe psychiatric conditions that can increase adverse effects of opioids are indications for discontinuation of chronic opioid treatment.