

Case Number:	CM13-0065905		
Date Assigned:	01/03/2014	Date of Injury:	08/30/2000
Decision Date:	07/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/15/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 56-year-old with an August 30, 2000 date of injury and status post left shoulder surgery September 12, 2013. At the time of request for authorization for Methadone 5mg, #120 (November 26, 2013), there is documentation of subjective (low back pain rated as an 8 out of 10, neck pain with burning and tingling along the C7 dermatome, and left shoulder pain) and objective (tenderness to palpation over the C3-T3 musculature and tightness of the trapezii, decrease cervical range motion, tenderness to palpation over the lumbosacral region with tightness and reduced motion, tenderness to palpation of the bilateral shoulder joints with decreased motion, and dysesthesia of the bilateral feet and lateral calves) findings, current diagnoses (lumbar degenerative disc disease, lumbar facet osteoarthritis, failed neck surgery syndrome status post C5-6 and C6-7 fusion, lumbar radiculopathy, cervical radiculopathy, and bilateral shoulder degenerative joint disease status post surgery September 12, 2013), and treatment to date (Methadone, Soma, Motrin, and Norco since at least June 6, 2012 with reduction of pain, increased activity tolerance, and restoration of partial overall functioning). There is no documentation that the potential benefit of Methadone outweighs the risk and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 5MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62; 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, the Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar facet osteoarthritis, failed neck surgery syndrome status post C5-6 and C6-7 fusion, lumbar radiculopathy, cervical radiculopathy, and bilateral shoulder degenerative joint disease status post surgery September 12, 2013. In addition, there is documentation that Methadone is being used as a second-line drug for moderate to severe pain and is being prescribed by a provider with experience in using it. Furthermore, given documentation of ongoing treatment with Methadone resulting in reduction of pain, increased activity tolerance, and restoration of partial overall functioning, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Methadone. However, there is no documentation that the potential benefit of Methadone outweighs the risk and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for Methadone 5mg, 120 count is not medically necessary or appropriate.