

Case Number:	CM14-0000135		
Date Assigned:	01/17/2014	Date of Injury:	06/30/2001
Decision Date:	07/14/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	12/31/2013

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:

This is a 61-year-old male with a date of injury of October 31, 1998. The mechanism of injury is a fall from the top of a trailer onto his left hand. The progress report included a urine drug screen from September 6, 2013 was consistent. A urine drug screen from August 5, 2013 was negative for opiates with documentation from the doctor stating no use in 2 days. On December 2, 2013, the patient reports that he stopped hydrocodone and does not want to take it anymore. He already started weaning off methadone to 1 tablet every 8 hours, and report lower dose works well He recently fell and had to go to emergency room but methadone helps him get through the day without aggravating his pain. Diagnostic impressions include joint pain in hand and forearm and carpal tunnel syndrome. The treatment to date includes activity medication and medication management. A UR decision dated December 26, 2013 modified the request for Methadone 10mg 90 tablets to 56 tablets since the patient's pain level was 4-5/10 without medication and dropped to 1-2/10 with medication, taking into account patient's working status and potential for as needed analgesia greater than first line of analgesic, the patient should begin weaning off Methadone. The retrospective request or Methadone 10mg #90 was non-certified because patient's presentation was incongruent with guideline recommendations for continued use; the patient did receive the full dosage for weaning purposes. The request for Hydrocodone 10/325 mg is non-certified because in documentation from December 2, 2013 the patient no longer wanted to take Hydrocodone. Methadone was certified for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF METHADONE 10MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The California MTUS recommends methadone 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. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. However the patient reports minimal pain on examination in which he was able to discontinue hydrocodone entirely on his own. A recent urine drug screen shows patient has not been taking opiates. Guidelines only support methadone in the setting of severe pain. In addition California MTUS specify methadone is a second-line agent and there is no clear discussion that patient has failed treatment with a first-line agent. It is also unclear why the patient is on methadone due to the high risk of morbidity and mortality with this medication. The prior UR decision modified the request to 72 tablets to initiate tapering. Therefore the request as submitted for Methadone 10mg #90 was not medically necessary.

RETROSPECTIVE PRESCRIPTION OF METHADONE (DOS: 12/2/13) 10MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The California MTUS recommends methadone 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. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. However the patient reports minimal pain on examination in which he was able to discontinue hydrocodone entirely on his own. A recent urine drug screen shows patient has not been taking opiates. Guidelines only support methadone in the setting of severe pain. In addition California MTUS specify methadone is a second-line agent and there is no clear discussion that patient has failed treatment with a first-line agent. It is also unclear why the patient is on methadone due to the high risk of morbidity and mortality with this medication. The prior UR decision modified the request to 72 tablets to initiate tapering. Therefore the request as submitted for Methadone 10mg #90 was not medically necessary.

RETROSPECTIVE PRESCRIPTION OF HYDROCODONE 10/325MG DOS: 12/2/13:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that for on-going management actions should include prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy, and the lowest possible dose should be prescribed to improve pain and function. The patient presents with minimal pain and is able to do routine activities. The patient voluntary wants to go off his hydrocodone. Therefore, the request for Hydrocodone 10/325mg was not medically necessary.