

Case Number:	CM14-0002451		
Date Assigned:	01/24/2014	Date of Injury:	02/26/2010
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Acupuncture and Pain Medicine 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:

The 33year old female injured worker with date of injury 2/26/10 with related left facial pain. The pain is typically of severe intensity without treatment. Her pain is described as an aching and a lancinating sensation in the primary area of discomfort. The level of pain is exacerbated by periods of increased activity. She reports that the pain is appreciably lessened by her current treatment regimen, and that she is better able to perform activities of daily living while she is receiving the current treatments. Per 2/14/14 note, the injured worker also complained of intermittent tinnitus, and had numbness over the left side of her face and occasional pins and needles sensation in her lip. Her diagnoses include crushing injury of the face and scalp; myalgia and myositis NOS; chronic pain syndrome; neuralgia, neuritis and radiculitis NOS; and depressive disorder. The injury caused damage to the left orbit which led to multiple surgeries. Physical therapy was not utilized. The date of UR decision was 12/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE HCL 5MG TABLET QTY 2 AM 1 NOON 2 PM QTY 120 REF1 FOR THE PURPOSE OF WEANING WITH GOAL TO AT LEAST 120 MED WITH A REDUCTION OF MED BY 10 % PER MONTH OVER A WEANING PERIOD OF 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 61-78.

Decision rationale: With regard to methadone, the MTUS CPMTG states: "Recommended 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." Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records indicate that the injured worker's current treatment regimen has provided pain relief and allows her to better perform her activities of daily living. However, the current dosage is in excess of 200 MED mg. The 2/14/14 note states that the injured worker has been decreasing her methadone dose. It unnecessary then for this request to be of her old dosage and to include 1 refill. Furthermore, urine screening results dated 10/25/13 appear to have been negative for methadone. The request is not medically necessary.