MAXIMUS Federal Services

Case Number:	CM14-0004646		
Date Assigned:	01/22/2014	Date of Injury:	03/23/1999
Decision Date:	06/09/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 Internal 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 patient is a 61 year old female who was injured on 03/23/1999. Mechanism of injury is unknown. Progress note dated 01/14/2014 documented the patient with complaints of low back pain, which is her worst pain. It is followed by leg pain. She describes her discomfort as sharp, dull, aching, tingling, electrical, burning and pressure sensation across her lumbar spine that radiate into her legs. She still has spasms across her legs into her feet with increasing weakness into her lower extremities. She continues to indicate that her average pain level is about 78-/10 on the VAS with her level of function about 4-5/10. The patient's current medications include Methadone 5 mg, Ambien 10 mg, and Valium 5 mg. The patient reports experiencing the following side effects from the medications: constipation, weakness. Review of systems is significant for frequent awakening, swelling of legs, ankles and feet, a lack of energy, constipation, weakness in the arms and legs, numbness to her back as well as her legs and feet. She also experiences constipation and heartburn. Objective findings on examination of the lumbar spine reveal increasing lower back pain with palpation and paravertebral muscle spasms. The patient continues to experience a bilateral straight leg raise. Her motor function remains hypoactive at 1+ knee jerk, ankle jerk, right and left side. On examination of the cervical spine she has increasing tenderness to palpation over the posterior cervical spine. Significant hypersensitivity is noted. She has increased tenderness along the trapezius muscles. Her grip strength is slightly decreased in upper extremities bilaterally. Range of motion with flexion, extension, right and left lateral bending is significantly limited to the point that she has increased vertigo when she performs even the slightest movement of flexion, extension or right and left rotation of the cervical spine. Examination of the feet/ankles reveals spasms in both calf muscles that worsen with dorsiflexion and plantar flexion. On neurologic exam there is decreased sensation along the L5-S1 distribution in the lower extremities. Diagnoses: 1. Lumbar spine

strain/sprain 2. Lumbar spine status post multiple fusions 3. Lumbar spine bilateral lower extremity radiculopathy 4. Epidural fibrosis with an S1 radiculopathy Discussion: There is no evidence of drug-seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR METHADONE 5MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications For Chronic Pain/ Opioids Page(s): 61, 94.

Decision rationale: According to CA MTUS guidelines, Methadone is 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". On the other hand, the same guidelines under the title of the criteria of the on-going opioids management, state; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drugtaking 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. (Passik, 2000)". The medical report dated 02/17/2014 document the patient has been on Methadone for over 5 years. The available records do not document detailed pain or functional status assessment to evaluate the patient response to the medication. Therefore, Methadone 5 mg #270 is not medically necessary according to the guidelines.