

Case Number:	CM14-0005839		
Date Assigned:	02/07/2014	Date of Injury:	03/14/2005
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational 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:

This is a 40-year-old male with a 3/14/05 date of injury. He was employed by [REDACTED] and is an ironworker who was installing a beam when he was injured. On 1/14/14, the patient presented with bilateral low back pain radiating into the left posterior thigh and calf with associated paresthasias. Objective: there is decreased lumbar ROM in all directions. Muscle strength is 4/5 in the left extensor hallucis longus and peroneal muscles. The physician indicates that the patient's pain is a 3-4/10 and without his medication, his pain is a 9/10. He is up-to-date on his pain contract, has no adverse side effects, and displays no sign of misuse/abuse and his UDS are consistent. Diagnostic Impression: lumbar post-laminectomy syndrome, left paracentral disc protrusion at L5-S1 with displacement of the left S1, depression. Treatment to date: lumbar surgeries times two, s/p L5-S1 fusion. A Utilization Review decision dated 12/20/13 denied the request for Methadone based on the fact there was no opioid pain contract noted, no CURES monitoring, and no evidence of functional improvement. The patient is currently taking Methadone, Percocet, and Oxycontin, with a MED of 245 mg/day.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10 MG TWICE DAILY #60 0 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 78-80

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines CA MTUS 9792.24.2 Page(s): 61-62.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that Methadone is recommended as a second-line agent 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. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. However, there is no clear rationale provided in the physician's notes as to why Methadone in particular is being prescribed for this patient. Methadone is considered a second-line agent by guidelines, and has multiple risk factors associated with it, including a risk of abuse as well as toxicity. This patient is already on Percocet and Oxycontin, and has a calculated MED of 305, which exceeds guideline recommendations of less than 200. This patient is already at high risk for overdose and respiratory depression with his high MED. There is no clear indication or discussion as to why Methadone is being prescribed for this patient. Therefore, the request for Methadone 10 mg Twice a day #60 with no refills was not medically necessary.