

Case Number:	CM14-0009464		
Date Assigned:	02/14/2014	Date of Injury:	09/06/2011
Decision Date:	07/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Pain Management and is licensed to practice in Tennessee. 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 44-year-old male who has submitted a claim for chronic pain syndrome, lumbar radiculitis, and lumbar degenerative disc disease and lumbosacral sprain/strain, associated with an industrial injury date of September 6, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain that radiates into the left hip, down the front, side and back of the left thigh, and the left leg. Walking and standing would exacerbate pain. Physical examination revealed tenderness over the L5-S1 interspace especially throughout the upper sacral area. Motor strength was 4+ globally on the left lower extremity. There was decreased sensation to light touch of the left lateral foot. Deep tendon reflexes were within normal limits. Treatment to date has included TENS, epidural steroid injections, physical therapy, and medications, which include Methadone 5mg, and Norco 10/325. A utilization review from January 16, 2014 modified the request for pharmacy purchase of Methadone HCl Strength 5 #90 to Methadone HCl Strength 5 #30 because it was the opinion of the reviewing physician that records did not satisfy medical necessity as there were no documented symptomatic or functional improvement noted from its long term use. The request was modified to initiate a weaning process or to allow the provider time to document objective evidence of derived functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF METHADONE HCL STRENGTH 5 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIATES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, OPIOIDS, ON-GOING MANAGEMENT Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the initial date of intake of Methadone is not known but the earliest record was from a progress report dated 9/16/13. Medical records did not clearly identify continued analgesia or functional benefit, or a lack of adverse effects or aberrant behavior from chronic use of Methadone. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Moreover, a previous review approved 30 units to initiate weaning or allow proper documentation from the physician. Medical necessity has not been established. Therefore, the request for PHARMACY PURCHASE OF METHADONE HCL STRENGTH 5 #90 is not medically necessary.