

Case Number:	CM14-0103302		
Date Assigned:	07/30/2014	Date of Injury:	12/19/1977
Decision Date:	09/09/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 74 year old female who was injured on 12/19/1977. The diagnoses are low back pain, post laminectomy back syndrome, knees and right wrist pain. On 6/6/2014, it was reported that the use of TENS (transcutaneous nerve stimulation) unit enabled the patient's pain scores to decrease from 6/10 to 1-2/10. The patient was able to increase ADL (activities of daily living) and take care of her sick husband. [REDACTED] noted that the pain was well controlled. She was walking with antalgic gait, and had tenderness of lumbar paraspinal muscles and decreased sensation of left lower extremity. The medications are Senokot for opioid induced constipation, Norflex for muscle spasm, Ambien for insomnia and methadone for pain. The dosage of the methadone was recently increased. The UDS (urine drug screen) was said to be consistent. The yearly EKG for QTc monitoring was reported as normal. No aberrant behaviors were reported. A Utilization Review determination was rendered on 6/23/2014 recommending modified certification for methadone 10mg #180 (6/day) to #120, (4/day) then to #60 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Opioids, Dosing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized of acute exacerbation of chronic pain and for maintenance treatment for patients who have exhausted all non opioid medications, PT, surgeries and interventional pain management. The records indicate that the patient has exhausted all non opioid treatment programs. The patient was able to maintain ADL and take care of her husband while on chronic methadone treatment. The yearly QTc monitoring and UDS monitoring were within acceptable limits. The methadone maintenance dosage was 10mg, 4/day but was recently increased to 6/day for exacerbation of pain. The criteria for maintenance dosage of methadone at 10mg, 4/day was met. It is recommended that the patient be weaned of other sedatives such as Ambien and Valium to decrease the incidence of over sedation and adverse drug interactions with methadone.