

Case Number:	CM14-0109126		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2002
Decision Date:	09/26/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52-year-old male who sustained a work related injury on 5/01/2002 as result of an unknown mechanism of injury. Per the progress noted dated 07/01/2014 the patient continues to complain of pain in his back, neck and legs that is constant and achy. He also complains of hand pain. The patient currently ambulates on crutches and a right leg cam boot. His physical exam is found tenderness of the lumbar spine, the facet joint with decreased flexion, extension and lateral bending. He has tenderness to palpation over the bilateral sacroiliac joints with associated positive Patrick's test. The provided recommends us of methadone and Oxycontin for pain management. In dispute is a decision for Methadone 10 mg #180 and Oxycontin 80 mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervetion and Treatment Page(s): 61-62, 93.

Decision rationale: Methadone (Dolophine, Methadose) oral dosage forms, generic available, are 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. Based upon the dosing as written, the patient is taking a total of 180mg morphine milligram equivalent, which exceeds the 120mg-dosing limit as set by the MTUS guidelines. Such as, Methadone 10 mg #180 is not medically unnecessary.

Oxycontin 80 mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://www.nyc.gov/html/doh/html/mental/MME.html>.

Decision rationale: Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; generic available), Oxycodone controlled release (Oxycontin): [Boxed Warning]: Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are not intended for use as a PRN (as needed) analgesic. Analgesic dose: (Immediate release tablets) 5mg every 6 hours as needed. Controlled release: In opioid naive patients the starting dose is 10mg every 12 hours. Combined with the requested Methadone, the patient will ingest the equivalent of 1,260 morphine milligram equivalents of opioid medication. The above calculations do not include the prescription for Roxicodone 30MG, 2 tablets, q4hrs (12 day). When included into the MME calculation, the patient is taking an additional 540mg MME daily for a grand total of 1,700 MME daily. This is greater than 14 times the recommended daily MME dose for opioid use. The request is denied. It far exceeds the authorized MME as set by the MTUS guidelines. Therefore, Oxycontin 80 mg #27 is not medically necessary.