

Case Number:	CM14-0014731		
Date Assigned:	04/09/2014	Date of Injury:	06/08/2004
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/05/2014

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 Acupuncture & Pain 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 60-year-old male injured worker with date of injury 6/8/04 with related neck pain. Per 2/12/14 visit note, worst pain score was 5/10, least pain score 2/10, and usual pain score 3/10. His diagnosis includes chronic pain syndrome; post laminectomy syndrome, cervical; acute peptic ulcer; cervical spondylosis without myelopathy; chronic tension type headache; unspecified myalgia and myositis; degeneration of intervertebral disc; persistent disorder of initiating or maintaining sleep; chronic hepatitis C without mention of hepatic coma. MRI (magnetic resonance imaging) of the cervical spine performed in 2007 revealed fusion at 3 levels; resolution of central canal stenosis at C3-C4 noted on 11/22/05; minimal bulging at C6-C7; no cord compression or cervical cord lesions. The injured worker was refractory to chiropractic care, cervical spine radiofrequency rhizotomy, transcutaneous electrical nerve stimulation (TENS) unit, trigger point injections, medial branch blocks, and cervical spine surgery. The date of utilization review decision was 1/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION FOR METHADONE 10MG, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Methadone Page(s): 61 & 78.

Decision rationale: With regard to methadone, the MTUS states: "recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The Food and Drug Administration (FDA) report 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." Per MTUS, regarding on-going management of opioids, "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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." The review of the available medical records reveal insufficient documentation to support the medical necessity of methadone and insufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were noted to have been completed in the documentation, but actual results were not submitted. The 2/12/14 follow-up note states that since last visit "the pain is same. The sleep pattern is same. The functionality is the same. The medication usage is the same." While a tolerable level of pain may have been achieved with this medication, the documentation does not adequately address pain and function with and without this medication. As such the request is not medically necessary.