

Case Number:	CM14-0016625		
Date Assigned:	04/11/2014	Date of Injury:	03/23/1999
Decision Date:	05/29/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation 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 60 year-old female patient sustained an injury on 3/23/99 while employed by Temperature Control. The request under consideration includes a Prescription for Methadone 5mg #270. A report of 1/14/14 from the provider noted the patient with increasing neck pain and dizziness; with any slight movement of her neck, she experiences severe dizziness. She continued with severe neck and low back pain with stiffness and radiation into the legs with weakness. Diagnoses from evaluation by another provider noted spondylosis at C5-6 with left foraminal stenosis. Pain is rated at 7-8/10 with level of function about 4-5/10. Medications include Methadone, Ambien, and Valium. She uses ice, heat and TENS unit for pain relief. Exam noted normal gait; pain on lumbar spine palpation; muscle spasm in paravertebral muscle; range of motion continues with pain complaints; positive bilateral straight leg raise; motor functions remain hypoactive 4+ to 5-/5 with symmetrical 1+ reflexes bilaterally; cervical spine with tenderness along trapezius; slight decrease grip strength; range limited by vertigo; decreased sensation at L5-S1 distribution with mild edema. Diagnoses included lumbar spine strain/sprain; status post (s/p) lumbar fusions; and bilateral lower extremities radiculopathy. Request for Methadone was non-certified on 2/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR METHADONE 5MG #270: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. The patient is prescribed chronic Methadone with recent modified dosing certification to assist in tapering just few weeks prior. Guidelines do not support chronic use of Opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively by not more than 20%/day. In general, detoxification should be started by reducing the dose to 60 mg once/day over several weeks before attempting complete detoxification. Submitted reports have not adequately identified significant change in clinical findings or new red-flag conditions to continue Methadone for this unchanged chronic injury of 1999 without functional benefit. The Prescription for Methadone 5MG #270 is not medically necessary and appropriate.