

Case Number:	CM14-0018452		
Date Assigned:	04/18/2014	Date of Injury:	12/30/2003
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 patient sustained an injury on 12/30/2003 while employed by [REDACTED]. Request(s) under consideration include PRESCRIPTION FOR METHADONE 10 mg #120. Diagnoses include cervical sprain; cervical disc degeneration. Report of 1/2/14 from the provider noted the patient with continued complaints of chronic neck and upper back pain. There is noted new diagnosis of congestive heart failure with hospitalization for fluid overload and has been placed on Lasix. Medications provider relief; however, the patient would like go down on her medications. Exam showed independent and erect gait; no using a cane today. Plan included decreasing Methadone and follow-up with cardiologist to assure of no contraindications with Methadone. Although it was noted the provider is weaning down on Methadone; however, review indicated same dosing and quantity prescribed. The request(s) for prescription for methadone 10/325MG #120 was modified for quantity of #60 on 1/31/14 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 10/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-96

Decision rationale: This patient sustained an injury on 12/30/2003 while employed by [REDACTED]. Request(s) under consideration include prescription for Methadone 10 mg #120. Diagnoses include cervical sprain; cervical disc degeneration. Report of 1/2/14 from the provider noted the patient with continued complaints of chronic neck and upper back pain. There is noted new diagnosis of congestive heart failure with hospitalization for fluid overload and has been placed on Lasix. Medications provider relief; however, the patient would like go down on her medications. Exam showed independent and erect gait; no using a cane today. Plan included decreasing Methadone and follow-up with cardiologist to assure of no contraindications with Methadone. Although it was noted the provider is weaning down on Methadone; however, review indicated same dosing and quantity prescribed. 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. 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. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic injury of 2003. The prescription for Methadone 10 MG #120 is not medically necessary and appropriate.