

<b>Case Number:</b>	CM14-0112577		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/03/1988
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Illinois. 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 injured worker is a 69-year-old male who reported an injury on 08/03/1988 caused by an unspecified mechanism. The injured worker's treatment history included medications, surgery, and MRI studies. The injured worker was evaluated on 05/14/2013, and it was documented the injured worker's pain was worse when due for pills. Within the documentation provided, it noted that a pain contract will not make any difference in his care, he is consistent for 20 years. The suggestion for "amitript" was excellent and the provider noted he started the trial. He was doing better on the pain since starting the amitriptyline. The provider noted the injured worker was managing not to sweat when he takes the "methadone" 20 mg every 4 hours. The provider noted the injured worker was having difficulty falling asleep and he was stressed due to more pain. Under findings, the injured worker was alert, he was his usual creaky self, getting up and down and able to ambulate out to the waiting room. Medications included Lisinopril 2.5 mg, Lovastatin 20 mg, Metformin 500 mg, Methadone 10 mg; Nitroglycerin 0.4 mg, Zantac 150 mg, and sinus allergy 10 mg. Documentation submitted the injured worker has been on Methadone approximately since 2012 to 2013. Diagnoses included type 2 diabetes; unspecified essential hypertension; chronic lumbago; tobacco use disorder; joint pain, shoulder; inguinal hernia, depression, and heartburn symptoms. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methodone HCL 10mg #150:** Upheld

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

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

**Decision rationale:** The requested is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines recommends Methadone 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.

Pharmacokinetics: Genetic differences appear to influence how an individual will respond to this medication. Following oral administration, significantly different blood concentrations may be obtained. Vigilance is suggested in treatment initiation, conversion from another opioid to methadone, and when titrating the methadone dose. Adverse effects: Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. This may be related to tolerance that develops related to the N-methyl- D-aspartate (NMDA) receptor antagonist. Patients may respond to lower doses of methadone than would be expected based on this antagonism. One severe side effect is respiratory depression (which persists longer than the analgesic effect). The provider failed to provide documentation of current urine drug test, attempts at weaning/tapering, and updated and signed pain contract between the provider and the injured worker, as mandated by CA MTUS guidelines for chronic opiate use. Additionally, the request for methadone HCl failed to indicate duration and frequency for medication use. As such, the request for methadone HCl 2 mg #150 is not medically necessary.