

Case Number:	CM14-0138547		
Date Assigned:	09/05/2014	Date of Injury:	01/21/2005
Decision Date:	10/09/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 & Rehabilitation, 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:

The injured worker is a 45-year-old female who reported an injury on 01/21/2008 reportedly when her foot got caught in the door and was twisted out. She sustained injuries to her ankle. The injured worker's treatment history included physical therapy, medications, urine drug screen and surgery. The injured worker had a urine drug screen on 03/28/2012 that was positive for methadone. The injured worker was evaluated on 08/04/2014 and it was documented that the injured worker complained of knee and leg pain. It was noted that 60 mg of methadone was probably too high so the provider was going to reduce it to 40 mg. The injured worker felt safer in terms of issues such as central sleep apnea with narcotics and lower doses of methadone. She will remain on Norco 10/325 mg 3 times a day. Physical examination revealed mood less anxious or memory grossly intact immediate recall, recent and remote events; thought process - no evidence of loose associations or flight of ideals; thought content - no evidence of hallucinations or delusion; suicidal - none; homicidal - none. The Request for Authorization dated 08/15/2014 was for methadone 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, 180 count: Upheld

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

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 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 failed to indicate duration and frequency for medication use. As such, the request for methadone 10 mg #180 is not medically necessary.