

Case Number:	CM14-0150179		
Date Assigned:	09/18/2014	Date of Injury:	08/28/1998
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational 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:

According to the records made available for review, this is a 54-year-old male with a 8/28/98 date of injury, and L3-L4 and L4-L5 lumbar fusion in 2001. At the time (8/21/14) of request for authorization for 1 Methadone Hcl 10 Mg Tab,#120 0 Refill, there is documentation of subjective (neck, shoulder, and low back pain) and objective (decreased cervical range of motion, positive left straight leg raising test, and tenderness over the left lumbar facet) findings, current diagnoses (post laminectomy syndrome, chronic pain syndrome, degeneration of lumbar/lumbosacral intervertebral disc, cervical spondylosis without myelopathy, and displacement of cervical intervertebral disc without myelopathy), and treatment to date (medications (including ongoing treatment with Methadone, Norco, Ibuprofen, and Oxycontin), epidural steroid injections, massage therapy, and physical therapy). Medical report identifies that medications allow the patient to stay active and maintain functionality. In addition, medical report identifies that there is a narcotic agreement in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Methadone Hcl 10 Mg Tab,#120 0 Refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Methadone; Opioids, Page(s):) 61-62; 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, chronic pain syndrome, degeneration of lumbar/lumbosacral intervertebral disc, cervical spondylosis without myelopathy, and displacement of cervical intervertebral disc without myelopathy. In addition, there is ongoing treatment with Methadone. Furthermore, given documentation of ongoing treatment with NSAIDs, there is documentation that Methadone is used as a second-line drug for moderate to severe pain. Moreover, given documentation that Methadone allows the patient to stay active and maintain functionality, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Methadone use to date. Lastly, given documentation that there is a narcotic agreement in place, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 1 Methadone Hcl 10 Mg Tab, #120 0 Refill is medically necessary.