

Case Number:	CM14-0152605		
Date Assigned:	09/22/2014	Date of Injury:	11/03/2000
Decision Date:	10/22/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 67-year-old male with a 11/3/00 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/11/14, the patient presented for medical reevaluation regarding his lumbar degenerative disc disease with radiculopathy, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. He continued to report constant 7 out of 10 low back pain that has decreased to 5-6 out of 10 with breakthrough medicines. He is currently not independent in all of his activities of daily living. Objective findings: muscle aches and weakness, arthralgias/joint pain (pain in both wrists-arthrititis), tender to any palpation in his lumbar paraspinal muscles. Diagnostic impression: fibromyalgia, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc. Treatment to date: medication management, activity modification, home exercise program. A UR decision dated 8/23/14 denied the request for Methadone 10mg, #90 (DND until 8/14/14). Future requests for methadone require continued documented evidence of quantitative pain and functional improvement due to significant adverse risks and side effects associated with methadone. Guidelines recommend continued monitoring of patients taking methadone. Therefore, an additional prescription of methadone not to be dispensed until 8/14/14 does not appear medically appropriate at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #90 (DND until 08/14/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 61-62.

Decision rationale: CA MTUS states that Methadone is recommended 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In fact, it is noted that the patient is currently not independent in all of his activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. The UR decision dated 8/23/14 certified a request for Methadone 10mg, #90, and this is a request for a future fill on 8/14/14. Guidelines recommend careful monitoring of patients taking Methadone. Therefore, the request for Methadone 10mg #90 (DND until 08/14/2014) was not medically necessary.