

Case Number:	CM14-0158047		
Date Assigned:	10/01/2014	Date of Injury:	05/30/1990
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/26/2014

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 5/30/1990 while employed by [REDACTED]. Request(s) under consideration include EKG (electrocardiogram). Diagnoses include Failed back surgery syndrome/ chronic lumbar pain/ lumbar degenerative disc disease (DDD)/ radiculopathy; Neck pain; and depression/ anxiety. The patient is s/p intrathecal pump replacement on 6/24/11. Report of 8/5/14 from the provider noted the patient doing better from pump replacement; however, still with chronic back pain and lower extremity pain; not as well controlled as patient would like. The patient does not know if he will ever be able to get off Methadone completely but will try to get to a lower dose. Pain is described as constant throbbing with radiating into lower extremities with numbness and tingling rated at 5/10. Exam showed lumbar tenderness, sluggish DTRs, 4/5 diffuse weakness in left lower leg. Treatment included continuation of Methadone, pump refill, medication refills of Actiq, Robaxin, and Lidoderm. The patient remained P&S. Request for EKG was to evaluate any QT interval prolongation while on Methadone. The request(s) for EKG (electrocardiogram) was non-certified on 8/25/14 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:

EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, medscape.com, <http://emedicine.medscape.com/article/1894014-overview> last updated 10/03/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Methadone, pages 763-766

Decision rationale: This patient sustained an injury on 5/30/1990 while employed by [REDACTED]. Request(s) under consideration include electrocardiogram (EKG). Diagnoses include Failed back surgery syndrome/ chronic lumbar pain/ lumbar degenerative disc disease (DDD)/ radiculopathy; Neck pain; and depression/ anxiety. The patient is s/p intrathecal pump replacement on 6/24/11. Report of 8/5/14 from the provider noted the patient doing better from pump replacement; however, still with chronic back pain and lower extremity pain; not as well controlled as patient would like. The patient does not know if he will ever be able to get off Methadone completely but will try to get to a lower dose. Pain is described as constant throbbing with radiating into lower extremities with numbness and tingling rated at 5/10. Exam showed lumbar tenderness, sluggish DTRs, 4/5 diffuse weakness in left lower leg. Treatment included continuation of Methadone, pump refill, medication refills of Actiq, Robaxin, and Lidoderm. The patient remained P&S. Request for EKG was to evaluate any QT interval prolongation while on Methadone. The request(s) for EKG (electrocardiogram) was non-certified on 8/25/14. Per California Medical Treatment Utilization Schedule (MTUS) regarding Methadone use, there is high potential for abuse and QT prolongation with resultant serious arrhythmia has also been observed and care should be taken in patients with cardiac hypertrophy and in those at risk for hypokalemia including those patients on diuretics; however, is silent on EKG monitoring. Official Disability Guidelines (ODG) states Methadone use has been associated with increased risk for QT prolongation and torsade de pointes (Tdp), especially in patients on high daily doses >100 mg/day with underlying cardiac disease such as history of arrhythmia, syncope, structural heart disease, or seizures of syncope that may develop after initiation of treatment, not demonstrated here. EKG is recommended during pretreatment, with repeat in 30 days from initiation, and annually for patients with demonstrated cardiac disease not identified in submitted reports. Submitted reports indicate the patient continues on low dose of Methadone 10 mg Q4-6h with maximum daily dose of 5 tables (50 mg), under the high risk category with continued attempts at weaning off. There is no report of underlying cardiac disease to pose increase risk to support frequent EKG monitoring outside guidelines criteria. The EKG (electrocardiogram) is not medically necessary and appropriate.