

Case Number:	CM14-0175106		
Date Assigned:	10/28/2014	Date of Injury:	09/15/2010
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/22/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 51-year-old woman who sustained a work related injury on September 15, 2010. Subsequently, she developed leg pain. The patient underwent a left knee arthroscopy with osteochondral autograft on April 28, 2011 and developed post-operative CRPS of the LLE. Prior treatment included: medications, physical therapy, pool therapy, a series of sympathetic blocks and ESIs, psychotherapy visits (6-8), hyperbaric oxygen therapy for the lower extremity wounds, and a trial and permanent SCS on December 5, 2011. The patient was hospitalized September 14-19 2012 for cellulitis and possible osteomyelitis. The patient has had a history of chronic refractory osteomyelitis and an ulcer of the foot. The patient has had multiple sympathetic blocks and spinal cord stimulator. According to a reported dated October 2, 2014, the patient complained of left foot wound and leg pain. there was some drainage, green to clear in color, no odor, and pain rated as a 3/10. The patient was diagnosed with complex regional syndrome, intractable pain, chronic left foot osteomyelitis. The provider requested authorization for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Methadone Page(s): 76-79; 61.

Decision rationale: According to MTUS guidelines, Methadone: 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 addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have severe pain despite the use of high doses of opioids including methadone (since March 2014). There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. Therefore, the prescription of METHADONE 10 MG #180 is not medically necessary.