MAXIMUS Federal Services

Case Number:	CM14-0021206		
Date Assigned:	05/07/2014	Date of Injury:	08/02/1994
Decision Date:	08/08/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 60-year-old female with an 8/2/94 date of injury when she was involved in a motor vehicle accident. On 12/18/13, the patient is noted to have neck, back, and bilateral lower extremity pain. She states her medication ranges from a 5/10, and 9/10 without medications. There was no evidence of aberrant behavior, misuse, or adverse side effects. Objective exam shows the patient uses a cane. There is restricted range of motion of the thoracic and lumbar spine and decreased sensation in the right L3 dermatome. The diagnostic impression is cervical spondylosis, disc degenerative disease, and bilstein. A UR decision dated 2/5/14 modified the request a peer-to-peer conversation took place and it was noted that the patient was taking her medication as described and they were effective. The provider did suspect medication abuse. The Methadone was modified from #180 to #90 tablets to allow for tapering to help to lower the overall opioid dosage. Percocet was also modified from #180 to #90 to initiate tapering to allow for the lowest opioid dose required to achieve long-term functional benefit consistent with the four domains of opioid management.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE HCL 10MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 61, 78.

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

Decision rationale: The California 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. However, this patient has a 1994 date of injury and has a significantly high MED of 690. Guidelines only support up to 200 MED due to the high risk of opiate overdose, respiratory depression, and sedation with higher MEDs. The UR decision modified the amount from #180 to #90 to initiate tapering. Therefore, the request for Methadone HCL 10 mg #180 was not medically necessary.

PERCOCET 110/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, this patient has a Morphine equivalent dose (MED) of 690, and guidelines only support up to 200 MED. She has a 1994 date of injury and has been on opiates long-term. There is no discussion of endpoints of treatment and long-term goals for the opiate management of this patient. Due to the significantly high MED, the patient is at increased risk of respiratory depression and overdose. The UR decision modified the quantity from #180 to #90 to initiate tapering. Therefore, the request for Percocet 10/325 mg #180 was not medically necessary.