

Case Number:	CM14-0022624		
Date Assigned:	06/11/2014	Date of Injury:	09/01/2011
Decision Date:	07/23/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/24/2014

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 45-year-old male with a 9/1/11 date of injury. At the time (1/30/14) of request for authorization for methadone tab 10 mg day supply: 30 qty 300 refills: 00, there is documentation of subjective (low back pain radiating into the left thigh and left groin area) and objective (pain to lumbar facets on both sides at L3-S1 region, pain over the lumbar intervertebral disc spaces on palpation, anterior lumbar flexion causes pain, pain noted on lumbar extension, left lateral flexion causes pain) findings, current diagnoses (lumbar spondylosis, radiculopathy, sprain/strain lumbar, and degenerative disc disease lumbar), and treatment to date (medications (including Norco, Ultram, clonidine, Lidoderm patch, and methadone (since at least 7/13)). 1/29/14 medical report identifies that medications are partially helpful and that medications were reviewed with patient. There is no documentation that methadone is being used as a second-line drug for moderate to severe pain and that the potential benefit outweighs the risk, that Methadone is being prescribed by providers with experience in using it, that the lowest possible dose is being prescribed, and 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 as a result of methadone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE TAB 10MG DAY SUPPLY:30 QTY: 300 REFILLS: 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment 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 lumbar spondylosis, radiculopathy, sprain/strain lumbar, and degenerative disc disease lumbar. In addition, there is documentation that that the prescriptions are from a single practitioner and are taken as directed and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that methadone is being used as a second-line drug for moderate to severe pain and that the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. In addition, there is no documentation that the lowest possible dose is being prescribed. Furthermore, despite documentation that medications are being partially helpful, there is no documentation 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 as a result of methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for methadone tab 10 mg day supply: 30 qty 300 refills: 00 is not medically necessary.