

Case Number:	CM14-0034634		
Date Assigned:	06/20/2014	Date of Injury:	08/18/2010
Decision Date:	08/20/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 and is licensed to practice in Arizona. 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 is a 42-year-old female who was injured when she tried to subdue an inmate while working as a Corrections Officer on 8/18/2010. She had immediate lumbar back pain. An MRI from October 2012, showed her to have mild to moderate degenerative disc disease with mild posterior disk protrusions at L4-5 and L5-S1. She did have an annular tear noted at L4-5. She had moderate facet disease at all lumbar levels. She has tried epidurals with minimal benefit. She has not pursued a facet disease work up, though this has been discussed. She takes the anti-inflammatory, Nabumetone and the opiate, Methadone. In April 2014, a reviewer modified a request for Methadone 10mg #90 to a quantity of 60, stating that she should be tapered off the Methadone. The start date was to be 3/7/14. The stop date was to be 4/21/14. There are no records subsequent to this time period to know whether the taper was started and/or completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 61-62.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Keyword Methadone.

Decision rationale: The MTUS does not mention methadone; but the ODG has a lengthy discussion on it. Methadone is recommended as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk. The pharmacokinetics and pharmacodynamics are concerning. Increased morbidity and mortality appears, in part, secondary to the long and variable half-life of the drug (8-59 hours; up to 110 hours in patients with cancer). Pain relief on the other hand only lasts from 4-8 hours. It may take several days to weeks to obtain adequate pain control. There is inadequate documentation to warrant keeping this patient on chronic opiates. Other than taking anti-inflammatories, it is not known if she has been tried on first line agents such as Tricyclics or anti-seizure medications like Gabapentin. If it were determined that she did meet criteria for taking long term opiates, methadone would be a poor choice due to its poor risk to benefit ratio. It has a very long half-life and a short duration of pain control, thus making it less ideal versus other opiates. This patient was previously given a tapering dosage of the methadone with the determination that it was to be stopped as of April 21st, over three months ago. It is for these reasons that Methadone has been deemed to not be medically necessary for this patient.