

Case Number:	CM14-0037106		
Date Assigned:	06/25/2014	Date of Injury:	03/08/2000
Decision Date:	12/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 56-year-old male with a 3/8/00 date of injury. At the time (2/20/14) of the request for authorization for Dolophine 10mg #30, there is documentation of subjective (bilateral lumbar pain) and objective (decreased lumbar range of motion, moderately severe bilateral paralumbar spasms, tenderness to palpation left sacroiliac joint with palpable schmorles nodes) findings, current diagnoses (lumbar radiculopathy, degenerated disc disease lumbar, lumbar discogenic spine pain, sprain/strain lumbar region, and facet arthropathy lumbar), and treatment to date (medication including Methadone for at least 5 months). There is no documentation that potential benefit outweighs the risk and evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates; 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 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:

Dolophine 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk and it is being prescribed by pain specialists with experience in its use; as criteria necessary to support the medical necessity of Methadone. In addition, ODG identifies documentation of evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates; as additional criteria necessary to support the medical necessity of methadone. 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 radiculopathy, degenerated disc disease lumbar, lumbar discogenic spine pain, sprain/strain lumbar region, and facet arthropathy lumbar. In addition, there is documentation that Methadone is being used as a second-line drug for moderate to severe pain and it is being prescribed by pain specialists with experience in its use. However, there is no documentation that potential benefit outweighs the risk and evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In addition, given documentation of treatment with methadone for at least 5 months, 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 as a result of Methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for Dolophine 10mg #30 is not medically necessary.