

Case Number:	CM14-0050907		
Date Assigned:	06/23/2014	Date of Injury:	08/31/1995
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 73-year-old female with a reported injury on 08/31/1995. The mechanism of injury was not provided within the clinical notes. The clinical note dated 04/08/2014 reported that the injured worker complained of chronic pain to the low back, bilateral wrists and hips. The physical evaluation of the injured worker's lumbar spine demonstrated flexion to 35 degrees, extension to 5 degrees, lateral rotation to the left to 15 degrees, and lateral rotation to the right to 15 degrees. On palpation, paravertebral muscles, spasm and tenderness was noted bilaterally. It was reported that lumbar facet loading was positive on the right side. Straight leg raising test was negative per report. The injured worker's diagnoses included lumbar radiculopathy; spinal stenosis lumbar; foot pain; spasm of muscle; hip pain; low back pain; and wrist pain. The injured worker's prescribed medication list included Ambien CR, methadone, Amitiza, Senokot S, Dulcolax, and Soma. The provider requested methadone 10 mg for the treatment of the injured worker's chronic pain. The request for authorization was submitted on 03/01/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone HCL 10mg #196: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, dosing Page(s): 61, 86.

Decision rationale: The request for 1 prescription of Methadone HCL 10 mg #196 is not medically necessary. The injured worker complained of chronic pain in the low back, bilateral wrists, and hips. The treating physician's rationale for methadone is for the treatment of the injured worker's chronic pain. The CA MTUS guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of clinical information provided documenting the efficacy of methadone as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. It is noted the injured worker utilizes methadone 10 mg 2 in the a.m. and 2 in the p.m. with 3 at night as needed; the total of 40 mg of methadone equals a daily morphine equivalent dose to 320, which exceeds the Guideline recommended 120 mg daily. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity. Furthermore, the requested dose exceeds the Guideline recommendations of 120 mg of morphine equivalency. Therefore, the request for 1 prescription of Methadone HCL 10 mg #196 is not medically necessary.