

Case Number:	CM14-0053956		
Date Assigned:	07/07/2014	Date of Injury:	05/13/2009
Decision Date:	11/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 54-year-old female with a 5/13/09 date of injury, and status post left L4-5 and L5-S1 decompression 3/30/10, status post anterior cervical decompression and fusion 6/1/10, and status post L3-4 and L4-5 decompression and fusion 8/27/12. At the time (4/11/14) of request for authorization for Methadone 10 mg #28, there is documentation of subjective (low back pain, and right shoulder pain) and objective (lumbar spine tenderness, restricted range of motion, positive straight leg raise, cervical spine tenderness, positive Spurling test, multiple trigger points) findings, current diagnoses (lumbosacral spondylosis without myelopathy, muscle spasms, cervical disc degeneration, cervical spondylosis), and treatment to date (injections, home exercises, and medications (including ongoing use of Methadone since at least 12/13)). A 5/2/14 medical report identifies that with opioid medications the patient notes 40% improvement in sitting, standing, walking and household chores. In addition, identifies that the patient has been using the medications as prescribed only from physician's office, that there is no evidence of over utilization or medications abuse, no side effects, and there is reduction in pain and improvement in function. There is no documentation that Methadone is being used as a second-line drug for moderate to severe pain, that the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation 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 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 lumbosacral spondylosis without myelopathy, muscle spasms, cervical disc degeneration, cervical spondylosis. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of 40% improvement in sitting, standing, walking and household chores, there is documentation of functional benefit or improvement as a result of Methadone use to date. However, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain, that the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. Therefore, based on guidelines and a review of the evidence, the request for Methadone 10mg #28 is not medically necessary.