

Case Number:	CM14-0054444		
Date Assigned:	07/07/2014	Date of Injury:	09/25/1996
Decision Date:	08/28/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/23/2014

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:

The patient is a 63-year-old male who has submitted a claim for lumbar radiculopathy, cervical disc degeneration, rotator cuff syndrome, and opioid dependence, associated with an industrial injury date on September 25, 1996. The medical records from 2013 through 2014 were reviewed. The latest progress report, dated 04/08/2014, showed ongoing bilateral knee and low back pain. The Physical examination revealed an antalgic gait with tenderness along her knees bilaterally. The Treatment to date has included right knee replacement (2005, 2007 and 2008), right hip fracture and surgery, physical therapy, and medications, which include Methadone as early as December 2012. A utilization review from 04/23/2014 denied the request for the purchase of Methadone 5mg tab because there was no documentation of medications tried and failed prior to the use of Methadone, which was recommended as a 2nd-line drug. There was minimal documentation of pain reduction with its use. There was no documentation of monitoring of the 4 A's and drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5 mg tab for the cervical spine, lumbar spine and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Methadone Page(s): 61-62.

Decision rationale: According to pages 61-62 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. In addition, guidelines state that methadone can accumulate in potentially harmful doses and multiple potential drug-drug interactions can occur. In this case, the earliest evidence of Methadone use was December 2012. However, given the 1996 date of injury, the exact duration of Methadone use is not clear. Furthermore, there was no documentation of medications tried and failed prior to the use of the second-line drug, Methadone. In addition, there was no discussion regarding benefits outweighing the risks of Methadone use. Moreover, the present request failed to specify the number of tablets to be dispensed. The request is incomplete. Therefore, the request for Methadone 5mg tab for the cervical spine, lumbar spine and right shoulder is not medically necessary.