

Case Number:	CM14-0067682		
Date Assigned:	07/11/2014	Date of Injury:	07/30/1999
Decision Date:	09/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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:

This 64 year-old patient sustained an injury on 7/30/1999 while employed by [REDACTED]. While operating a drill press, the patient's glove became caught, resulting in the right pinky finger amputation. The patient is s/p lumbar fusion and bilateral hand surgeries, utilizing right wrist and forearm orthotics. Past medical history also noted RSD type II and depression. Current diagnoses list lumbar radiculopathy; failed back surgery; chronic pain syndrome; migraine headaches; and cervical radiculopathy. Conservative care has included medications, home exercise program, therapy, and modified activities/rest. Request under consideration include Methadone HCI 10mg Qty 180. Report of 4/28/14 from the provider noted the patient with complaints of chronic low back pain radiating to the lower extremities; cervical pain and bilateral hand pain rated at 5/10 associated with numbness, stinging, weakness, and spasm. Methadone was reported to help with pain and function. Exam showed no acute distress; right hand with absent little finger with healed scar; tenderness over right wrist/hand/forearm; cervical spine with diffuse tenderness; range limited by pain; lumbar spine with scar; tenderness over facet joints and SI joints; pain with flexion/extension range; slow gait walking with cane; diffuse weakness in upper and lower extremities from pain; decreased diffuse sensation throughout upper and lower extremities. The patient has been opined to be P&S. Previous review for Methadone were modified on 2/14/14 and 3/11/14 to assist in tapering. The request for Methadone HCI 10mg Qty 180 was non-certified on 5/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE HCI 10MG Qty 180: Upheld

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

MAXIMUS guideline: Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids, pages 74-96, On-Going Management.

Decision rationale: This 64 year-old patient sustained an injury on 7/30/1999 while employed by [REDACTED]. While operating a drill press, the patient's glove became caught, resulting in the right pinky finger amputation. The patient is s/p lumbar fusion and bilateral hand surgeries, utilizing right wrist and forearm orthotics. Past medical history also noted RSD type II and depression. Current diagnoses list lumbar radiculopathy; failed back surgery; chronic pain syndrome; migraine headaches; and cervical radiculopathy. Conservative care has included medications, home exercise program, therapy, and modified activities/rest. Request under consideration include Methadone HCI 10mg Qty 180. Report of 4/28/14 from the provider noted the patient with complaints of chronic low back pain radiating to the lower extremities; cervical pain and bilateral hand pain rated at 5/10 associated with numbness, stinging, weakness, and spasm. Methadone was reported to help with pain and function. Exam showed no acute distress; right hand with absent little finger with healed scar; tenderness over right wrist/hand/forearm; cervical spine with diffuse tenderness; range limited by pain; lumbar spine with scar; tenderness over facet joints and SI joints; pain with flexion/extension range; slow gait walking with cane; diffuse weakness in upper and lower extremities from pain; decreased diffuse sensation throughout upper and lower extremities. The patient has been opined to be P&S. Previous review for Methadone were modified on 2/14/14 and 3/11/14 to assist in tapering. The request for Methadone HCI 10mg Qty 180 was non-certified on 5/5/14. The patient is currently prescribed 600 MED, far exceeding guidelines recommendation not to exceed maximum 120 MED. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain.

Guidelines do not support chronic use of opioids and pain medications are typically not useful in the subacute and chronic phases, impeding recovery of function in patients. Methadone, a synthetic opioid, may be used medically as an analgesic, in the maintenance anti-addictive for use in patients with opioid dependency and in the detoxification process (such as heroin or other morphine-like drugs) as a substitute for seriously addicted patients because of its long half-life and less profound sedation and euphoria. Guidelines do not support chronic use of Opioid, Methadone. After the appropriate dose has been established, it should be reduced progressively by not more than 20%/day. In general, detoxification should be started by reducing the dose to 60 mg once/day over several weeks before attempting complete detoxification. Submitted reports have not adequately identified significant clinical findings or red-flag conditions to continue high doses of opiates for this unchanged chronic injury of 1999. The request for Methadone HCl 10mg Qty 180 is not medically necessary and appropriate.