

Case Number:	CM14-0070209		
Date Assigned:	07/14/2014	Date of Injury:	01/11/2013
Decision Date:	08/12/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 31 year old male who sustained an industrial injury on 01/11/2013. The mechanism of injury was while walking on the mud while carrying a piece of plywood, the claimant lost his balance and slipped and fell on his back. His diagnoses include low back pain, and lumbar disc disease with radiculopathy. An MRI of the lumbar spine demonstrated a 5mm disc bulge at L5-S1 with compression of the S1 nerve root. He initially underwent treatment with medical therapy, injection therapy with epidural steroids, and aquatic therapy. He ultimately underwent bilateral hemilaminectomy, microdiscectomy at L5-S1. Post-operatively he underwent aquatic therapy. His symptoms of back pain have returned and are described as severe. He has increased low back, upper back and neck pain. On exam he has positive lumbar pain to palpation and an antalgic gait. He has continued with medical therapy including Vicodin, Norco, Gabapentin, Methadone and Docusate. Repeat epidural steroid injections have been approved. The treating provider has requested Methadone 10mg to 2 pills per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg to 2 pills twice a day (to increase quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines 2009 Page(s): 61, 91-97.

Decision rationale: Methadone is a synthetic opioid with potent analgesic effects. Although it is associated commonly with the treatment of opioid addiction, it may be prescribed by licensed family physicians for analgesia. Methadone's unique pharmacokinetics and pharmacodynamics make it a valuable option in the management of cancer pain and other chronic pain, including neuropathic pain states. It may be an appropriate replacement for opioids when side effects have limited further dosage escalation. After starting methadone therapy or increasing the dosage, systemic toxicity may not become apparent for several days. Some medications alter the absorption or metabolism of methadone, and their concurrent use may require dosing adjustments. Methadone is less expensive than other sustained-release opioid formulations. Methadone has been studied as a therapy for cancer pain and other chronic pain states. It is an appropriate replacement opioid when pain remains poorly controlled or when side effects of other opioids limit dosage escalation. Per California MTUS Guidelines 2009, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefits outweigh the risk. The treatment of chronic pain with these agents requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medications pain relief effectiveness and no clear documentation that he has responded to Methadone therapy. In addition he continues with the use of Norco, another opiate medication, for breakthrough pain. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The medical necessity for the requested item has not been established. The requested item is not medically necessary.