

Case Number:	CM14-0088063		
Date Assigned:	07/23/2014	Date of Injury:	06/21/2009
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 21, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated June 3, 2014, the claims administrator denied a request for methadone on the grounds that there was no evidence that the applicant had failed other opioids and no opioids that the applicant had undergone EKG monitoring. The applicant's attorney subsequently appealed. In a June 20, 2014 progress note, the applicant reported persistent complaints of low back pain, 7-8/10 without medications and 3-4/10 pain with medications. The attending provider stated that he was employing methadone on a trial basis so as reduce the applicant's consumption of Norco. The applicant posited that ongoing usage of methadone was effective in ameliorating his pain. The applicant was asked to continue home exercises. Methadone was furnished, at a heightened dose. The applicant was placed off of work, on total temporary disability. Norco was just only for breakthrough pain purposes. Prilosec was sought for stomach upset, along with topical Terocin patches. On May 22, 2014, the applicant was first given methadone on a trial basis and asked to employ Norco for breakthrough pain. Tramadol extended release was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #60, Day Supply: 30: Overturned

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

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

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate-to-severe pain if the potential benefits outweigh the risks. In this case, the applicant's primary treating provider had, in fact, posited that previous usage of Norco, a short-acting opioid alone, was insufficient to control the applicant's pain complaints. A trial of methadone was therefore indicated. It is incidentally noted that while page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does touch on adverse effects with methadone and, furthermore, suggests that methadone should be used carefully in applicants with cardiac disease, in this case, there is, furthermore, no active evidence of cardiac disease present here. This is, furthermore, a relative contraindication, and not an absolute. Similarly, the claims administrator's decision that the applicant was required to obtain an EKG prior to initiation of opioid therapy does not appear to be factual nor consistent with page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.