

Case Number:	CM14-0091557		
Date Assigned:	07/25/2014	Date of Injury:	05/29/1997
Decision Date:	09/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 Texas. 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 injured worker is a 62 year old male who sustained an industrial injury on 5/29/1997. A prior peer review on 6/12/2014, recommended non-certification of the requested Methadone 10mg #120, however, recommended certification of #90 to enable weaning. According to the 5/28/2014 progress report, he complains of back pain and leg pain/sciatica. The injured worker reports 4/10 pain with medications. Current medication is Methadone 10 mg PO QID #120. Physical examination reveals tender at lumbar spine, facet joints, crepitus, decreased flexion, extension, lateral bending and rotation as well as tender joint line with decreased ROM and pain. Diagnosis is lumbago, low back pain. He was prescribed Methadone 10 mg PO QID #120. According to the recent progress report dated 6/4/2014, the injured worker reports he had a cardiac event on May 30th and crashed his car. Unsure of cause, appears from records to have had arrhythmia and heart failure. Medications were taken while he was in the hospital. He presents with pain rated 5/10 with medications. Current medications listed Methadone 10 mg, PO Q8HRS #90 and DM. Physical examination documents tender at lumbar spine and facet joints, decreased flexion, extension and lateral bending. Diagnosis is lumbago, low back pain. He was prescribed Methadone 10 mg #120 and Methadone 10 mg #90. Medications were refilled as previous ones were stolen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, qty 120: Upheld

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

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The Food and Drug Administration (FDA), reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. This product is FDA-approved for detoxification and maintenance of narcotic addiction. The medical records do not establish Methadone is being provided for either of these purposes. In addition, the medical records do not quantify pain reduction due to methadone, demonstrate improved function, and the documented physical examination findings are minimal and unchanged. Given these factors, the medical necessity of Methadone is not established under the guidelines. As such, this request is not medically necessary.