

Case Number:	CM14-0184178		
Date Assigned:	11/12/2014	Date of Injury:	05/21/2001
Decision Date:	01/15/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in California and 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:

This is a 45 year old female patient who sustained a work related injury on 5/21/2005. The current diagnoses include chronic low back pain, chronic lower extremity neuropathic pain, opioid type dependence and depression. She sustained the injury due to lifting a box. According to the doctor's note dated 10/28/2014, patient had complaints of pain at 7-8/10. Physical examination revealed normal gait and posture. The current medications list includes Neurontin, Percocet, Protonix, Kadian ER, Lexapro, Coumadin and multivitamin. She has undergone left knee arthroscopic surgery, abdominal laproscopic surgery for endometriosis, L5-S1 fusion in 2002, L3-4 and L4-5 fusion in 2008 and right ankle surgery in 2009. She has had urine drug screen report dated 7/22/14 which was positive for Hydromorphone, Morphine, Noroxycodone and Gabapentin. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for methadone 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Methadone Page(s): 76-80, 61.

Decision rationale: According to California MTUS 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. 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..." According to California MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. Any evidence that patient is having a pain diary is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Methadone 5mg # 90 is not established for this patient at this time.