

Case Number:	CM14-0192582		
Date Assigned:	11/26/2014	Date of Injury:	12/07/2009
Decision Date:	01/14/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/18/2014

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 New Jersey. 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 worker is a 56 year old male who was injured on 12/7/2009. He was diagnosed with lumbar degenerative disc disease and lumbar pain with radiculopathy. He was treated with surgery, injections, medications (including Opioids), and chiropractor treatments. He was treated with Suboxone after having used various other opioids chronically. He was seen by his pain management physician on 11/6/14 reporting low back pain with neuropathic radiculopathy, elbow pain, hand/finger pain, and leg pain reported collectively as a 3/10 on the pain scale. He reported using Suboxone to treat his pain; however, it reportedly was rotting his teeth. He was recommended activity modification and that he stops his Suboxone and start on Methadone and Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg q8hr #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, buprenorphine Page(s): 61-62,27.

Decision rationale: The MTUS Chronic Pain Guidelines state that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefits outweigh the risks as there has been reported severe cases of morbidity and mortality associated with its use. Methadone should only be prescribed by providers experienced in using it and caution should be used when prescribing Methadone in patients with respiratory conditions, history of prolonged QT syndrome, or cardiac hypertrophy. The MTUS also states that Methadone use for the treatment of opiate agonist dependence is not recommended as a first choice, as buprenorphine is known to cause a milder withdrawal syndrome compared to Methadone, yet is equally as effective as Methadone. Unless there is a specific contraindication to Buprenorphine, it should be considered first when considering a treatment for opiate agonist dependence. Additional recommended steps for Methadone prescribing besides weighing risks and benefits for the individual include (MTUS Guidelines): avoid prescribing 40 mg tablets for chronic pain (only for detoxification and maintenance of narcotic addiction), closely monitor patients, assess for dizziness, irregular heartbeat, or fainting, do not take extra tablets if pain isn't controlled, and a complete review of potential drug interactions is required prior to initiation. In the case of this worker who reported tooth erosion, his physician suspected that it was due to the Suboxone use as it caused xerostomia (dry mouth) which can increase the risk of tooth decay. All Opioids, including Methadone have the potential side effect of xerostomia and can lead to increased risk of tooth decay if not addressed. Also, Nortriptyline also is associated with dry mouth and is a common side effect. Therefore, the replacement of Suboxone with Methadone is not medically necessary