

Case Number:	CM14-0205190		
Date Assigned:	12/17/2014	Date of Injury:	01/06/1999
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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:

This is a 62-year-old female with a 1/6/99 date of injury. The injury occurred when she tripped over a raised carpet door jam and fell forward onto her right knee. According to a progress report dated 11/17/14, the patient complained of having pain all the time, rated as a 5/10. Her methadone has been cut from 600/month to 450/month and this has resulted in poorer pain control. Her medications are partially effective for controlling her pain. They were being used appropriately and allow for doing activities of daily living and helped with functionality. She has been on portable oxygen 24 hours a day. Objective findings: lumbosacral tenderness and lumbosacral range of motion decreased, morbidly obese, walks with cane, shortness of breath when off oxygen. Diagnostic impression: lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of lumbar region, chronic pain due to trauma, osteoarthritis, obesity. Treatment to date: medication management, activity modification, physical therapy, chiropractic care, acupuncture, massage therapy. A UR decision dated 11/26/14 modified the request for methadone from 600 tablets to 300 tablets for downward titration. The patient is receiving benefit from the current medication regimen. However, the guidelines recommend that the total MED not exceed 120 mg per day. In addition, the guidelines note that methadone should be given with caution to patients with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). The patient is morbidly obese and has a history of acute respiratory distress syndrome and pulmonary hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #600: Upheld

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

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

Decision rationale: 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. Methadone should only be prescribed by providers experienced in using it. Methadone should be given with caution to patients with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). QT prolongation with resultant serious arrhythmia has also been noted. However, in the present case, this patient is taking methadone 10mg, 5 tablets Q6H, with a MED of 2400, far exceeding the guideline recommendations of 120. Such an excessively high MED places this patient at risk of severe adverse effects, such as respiratory depression, cardiac arrhythmias, and death. In addition, methadone is to be used with caution in patients with decreased respiratory reserve, and it is noted that this patient is morbidly obese and is on portable oxygen 24 hours a day. There is no discussion that this patient has tried and failed first-line opioid medications. However, given the 1999 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Methadone HCL 10mg #600 was not medically necessary.