

Case Number:	CM14-0207080		
Date Assigned:	12/19/2014	Date of Injury:	03/20/2003
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Practice, and is licensed to practice in North Carolina. 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 patient has a reported date of injury of 09/20/2001, 03/20/2003 and 01/08/2007. The patient has the diagnoses of chronic low back pain, status post lumbar anterior/posterior fusion at L4/5 and L5/S1, status post hardware removal, status post ankle surgery, RF ablation of the left L3 and L4 and status post right shoulder surgery. Per the most recent progress notes from the treating physician dated 10/22/2014, the patient had complaints of ongoing pain. The physical exam noted tenderness in the lumbar spine and right shoulder. Treatment plan recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg QTY: 200 with second prescription do not fill date 11/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California chronic pain medical treatment guidelines section on methadone states: Methadone 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. (Clinical Pharmacology, 2008) Steps for prescribing methadone: (1) Basic rules - Weigh the risks and benefits before prescribing methadone. - Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. - Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. (2) Know the information that is vital to give the patient: - Don't be tempted to take more methadone than prescribed if you are not getting pain relief. This can lead to a dangerous build-up that can cause death. - All changes in methadone dose should be made by your treating practitioner. - Methadone can make your breath slow down, or actually stop. - Methadone can slow down your heartbeat and you might not be able to detect this. - If you feel like you are having an irregular heartbeat, dizziness, light-headedness or fainting, call your doctor or clinic immediately. (FDA, 2006) (3) Be familiar with the current SAMHSA health advisory on methadone - The medication has become more accessible to unauthorized users. - It can accumulate in potentially harmful doses (especially during the first few days of treatment. -There has been a rise in Methadone-associated mortality. (SAMHSA, 2004) (4) Be familiar with the FDA final policy statement on Methadone that explicitly discusses the topic, "Can Methadone be used for pain control?" No separate registration is required to prescribe methadone for treatment of pain. (DEA, 2006) (5) Read the new prescribing information for Methadone and the new patient information section (6) multiple potential drug-drug interactions can occur with the use of Methadone. A complete list of medications should be obtained prior to prescribing methadone to avoid adverse events, and the patient should be warned to inform any other treating physician that they are taking this medication prior to starting and/or discontinuing medications. This medication is indicated as a second-line agent in the treatment of chronic pain. In the progress notes the patient reports pain level as 7/10 without the use of this medication and a 3/10 with medications. The medications allow the patient to carry out ADLs. The patient does not have the diagnoses of chronic opioid dependence. The patient is concurrently using Norco. This medication is a recommended second line agent for the treatment of chronic pain. There is no provided documentation that indicates the patient has exhausted first line agents that are recommended per the California MTUS or the ODG. There is no provided documentation that the patient has exhausted first line opioid therapy. Therefore the request has not met criteria as per the California MTUS guidelines and is not medically necessary.