

Case Number:	CM15-0103103		
Date Assigned:	06/05/2015	Date of Injury:	07/01/2003
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 53 year old female, who sustained an industrial injury on 07/01/2003. According to a progress report dated 05/11/2015, the injured worker was having neck, back and arm pain. Medications were working. She was waiting for surgery and a repeat MRI scan. Pain level was rated 8 on a scale of 1-10 with medications. Current medications included Pennsaid Liquid topical, Norco, Lidoderm 5% patch, Soma, Methadone and Trazodone. Diagnoses included cervical pain/cervicalgia and joint pain-elbow. Prescriptions included Methadone, Norco, and Soma. The treatment plan included MRI appointment as soon as possible and a follow up with the provider who was to perform cervical surgery. Currently under review is the request for Methadone 10mg quantity 300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg Qty 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #300 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. In this case, the injured worker's working diagnoses are lumbago; lumbar and thoracic radiculitis; shoulder joint pain; herniated disc cervical; neuralgia/neuritis unspecified; and cervical pain/cervicalgia. Documentation indicates the patient was taking methadone 10 mg, Norco, soma and Xanax as far back as November 4, 2014. Urine drug screen (performed December 2014) was inconsistent for Xanax and soma. Additionally, the injured worker states her sister takes her medications. There were no further details regarding missing pills. The documentation shows the injured worker presents several weeks early for refills of methadone. Norco 10/325mg was also requested (at the same time as Methadone). There is no clinical indication for full strength Norco 10/325mg (eight tablets per day) in conjunction with methadone three times a day. There are no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation of compliance with methadone with early refills, a concurrent prescription of Norco 10/325 mg eight tablets per day, inconsistent urine drug toxicology screens for Xanax and Soma, risk assessments and detail pane assessments, Methadone 10 mg #300 is not medically necessary.