

Case Number:	CM15-0106277		
Date Assigned:	06/15/2015	Date of Injury:	09/23/1998
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female, who sustained an industrial injury on 09/23/1998. She has reported subsequent neck, low back, right upper extremity and right lower extremity pain and was diagnosed with myofascial pain syndrome of the upper and lower extremity on the right, failed back surgery, degenerative disc disease and post-traumatic osteoarthritis. Treatment to date has included oral pain medication and surgery. The only medical documentation submitted consists of progress notes dated 12/05/2014 and 06/01/2015. On 12/05/2014, the injured worker complained of low back pain radiating to the right leg and neck pain radiating to the right arm. On the most recent note dated 6/1/2015, the pain score was rated at 3-4/10 at best and 8-9/10 Objective findings were notable for dramatic reduction in range of motion of the lumbosacral spine. The physician noted that Methadone had been very effective for the injured worker's nociceptive pain. A request for authorization of Methadone was submitted. The medications listed are trazodone, phentermine, Cymbalta and methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 61-62, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of exacerbations of musculoskeletal pain that that did not respond to standard treatments with NSAIDs, co-analgesics and PT. The chronic use of high dose opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse drug interaction with other sedative medications. The use of methadone is associated with significantly higher incidence of adverse effects including EKG changes and fatal complications. The guidelines recommend that methadone be reserved as a second line medications in patients with a past history of addiction, detoxification of drug dependency. The records did not show that the patient failed treatment with NSAIDs or non opioid co-analgesics. There is no documentation of guidelines mandated compliance monitoring of UDS, CURES data reports, absence of aberrant behaviors or functional restoration. There is no documentation of failure of standard first line opioid medications or special indication for the utilization of methadone. The criteria for the use of methadone 10mg #150 was not met. The guidelines recommend that standard gradual safe weaning regimen of high dose opioids be utilized to prevent withdrawal syndrome. The request is not medically necessary.