

Case Number:	CM15-0138105		
Date Assigned:	07/28/2015	Date of Injury:	07/06/2003
Decision Date:	08/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 69-year-old male, who sustained an industrial injury on July 6, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having degeneration of cervical intervertebral disc and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included medications and exercises. On July 8, 2015, the injured worker complained of neck pain. His pain is rated as a 10 on a 1-10 pain scale and as a 7/10 on the pain scale with medication. He reported trying to manage his pain with medication. He has been working on slowly reducing his overall intake of pain medication and noted increased pain during the weaning process. He is willing to try to reduce his methadone further. The treatment plan included exercise, medications and a follow-up visit. On July 8, 2015, Utilization Review modified a request for Methadone 10ml # 330 to Methadone 10ml # 150, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10ml x 330: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 62-63 of 127 and Page 88 of 127.

Decision rationale: This claimant was injured in 2003. The diagnoses were degeneration of a cervical intervertebral disc and brachial neuritis or radiculitis not otherwise specified. Treatment to date has included medications and exercises. As of July 2015, the injured worker complained of neck pain. He reported trying to manage his pain with medication. He has been working on slowly reducing his overall intake of pain medication and noted increased pain during the weaning process. He is reportedly willing to try to reduce his methadone further. On July 8, 2015, Utilization Review modified a request for Methadone 10ml # 330 to Methadone 10ml #150. Regardless, the request for the full amount was submitted for IMR. The MTUS notes that 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. (Clinical Pharmacology, 2008) Multiple potential drug-drug interactions can occur with the use of Methadone. Moreover, in regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. It is not clear from the records that the Methadone used in this claimant is a second line drug, and the multiple drug-drug interactions had been addressed. Further, given the plans to wean, approval of a lesser amount might be appropriate, however this full request cannot be certified. The request was appropriately not medically necessary.