

Case Number:	CM15-0138418		
Date Assigned:	07/28/2015	Date of Injury:	08/17/1998
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
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: 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 66-year-old female who sustained an industrial injury on 08/17/98. Initial complaints and diagnoses were not available for review. Current diagnoses included lumbar spine strain, degenerative disc disease, and facet arthritis at multiple levels. Treatments to date include medications. Diagnostic studies were not addressed in the records available for review. The provider's progress note dated 6/29/2015 reported the injured worker complained of continued pain in lumbar spine 8-9/10 without medications and 4-5/10 with medications. She had no side effects from the medications and showed no aberrant drug-seeking behaviors. Her activities of daily living were fair to poor. There was increased muscle spasms associated with physical activity. Present medications included Norco, Celebrex, and Methadone (the documentation reflected the injured worker had been on Methadone since 04/15/15). On exam, there was decreased lumbar lordosis, increased muscle spasms, decreased sensation in right foot and positive straight leg raise on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg 2 times daily, #60, for chronic lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96. Decision based on Non-MTUS Citation FDA Policy Statement: Information for Healthcare Professionals Methadone Hydrochloride, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm142841.htm>.

Decision rationale: Methadone, a long-acting opioid, is indicated for treatment of moderate to severe pain. Its half-life (how long it stays in the body) is 8-59 hrs yet its pain relieving effect lasts only 4-8 hrs. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider has followed these criteria. The records did not document the patient agreed with an opioid use contract, has used first-line medications before starting opioid therapy or that the provider is appropriately monitoring this patient for the safe use of opioids with urine drug screens and/or review of CURES reports. For patient safety, further use of this medication is not indicated at this time. Medical necessity has not been established.