MAXIMUS Federal Services

Case Number:	CM15-0181111		
Date Assigned:	09/22/2015	Date of Injury:	07/23/1998
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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, Illinois
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 76-year-old male, with a reported date of injury of 07-23-1998. The diagnoses include arachnoiditis with cauda equina syndrome, low back pain, left lumbar radiculopathy, complex regional pain syndrome in the bilateral lower extremities, status post L3-4 and L4-5 fusion and L3 to L5 decompression laminectomy, sleep disturbance and depression, and status post implantation of pulse generator. Treatments to date have included Methadone (since at least 03-2015), Ibuprofen, and a pulse generator. The medical report dated 08-26-2015 indicates that the injured worker reported increased low back and left leg pain. He rated the pain 9 out of 10 with Methadone 10mg in the morning and 10 mg in the evening; and 7 out of 10 (07-29-2015 to 08-26-2015) with Methadone 20mg in the morning and 10 mg in the evening. It was noted that the injured worker underwent a urine drug screen on 06-04-2015 and "was negative for all drugs of abuse including opiates". It was noted that there were no adverse side effects. The treating physician indicate that with Methadone 10mg in the morning, and 10 mg in the evening, there was increased pain and decreased functional ability with the activities of daily living. The physical examination showed a markedly antalgic gait with the ankle maintained in flexion throughout the gait cycle; weakness of the left ankle flexion and extension; weakness of the left knee flexion and extension; decreased sensation to light touch in the left posterior thigh, entire left lower leg and foot, right lateral lower leg and right foot dorsum; negative right straight leg raise test; positive left straight leg raise test at 60 degrees; and decreased lumbar range of motion with flexion due to left leg radicular and low back pain. The treatment plan included the continuation of Methadone 10mg #60, twice a day. The request for authorization was dated 08-

26-2015. The treating physician requested Methadone 10mg #100. On 09-09-2015, Utilization Review (UR) modified the request for Methadone 10mg #100 to Methadone 10mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, 100 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Methadone.

Decision rationale: The injured worker sustained a work related injury on 07-23-1998. The diagnoses include arachnoiditis with cauda equina syndrome, low back pain, left lumbar radiculopathy, complex regional pain syndrome in the bilateral lower extremities, status post L3-4 and L4-5 fusion and L3 to L5 decompression laminectomy, sleep disturbance and depression, and status post implantation of pulse generator. Treatments to date have included Methadone (since at least 03-2015), Ibuprofen, and a pulse generator. The medical records provided for review do not indicate a medical necessity for Methadone 10 mg, 100 count. The MTUS states that Methadone is an opioid recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Furthermore, the MTUS does not recommend the use of opioids for long term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used for extended periods, the MTUS recommends reassessing the patient in relation to what other medications and treatments have been used since introduction of opioids; document pain and functional improvement and compare to baseline every six months using a numerical scale or validated instrument. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Due to serious risk of cardiovascular side effects, the Official Disability Guidelines recommends cardiovascular evaluation, sometimes with EKG based on cardiac risk profile. The medical records indicate the injured worker was responding well to this medication that was introduced in 2003 until 04/2015 when the dose was reduced by 33% at the recommendation of utilization reviewer. Since then the injured workers pain and activities of daily living have worsened. A urine drug screen was reported negative for presence of opioids, but confirmatory report has not been reported. The requested treatment is not medically necessary based on the fact that the documentation does not include documentation of medications that have been tried and failed since the introduction of opioids since 2003; neither does it compare treatment outcome with baseline. Also, until the outcome of the confirmatory testing for the negative urine test is done, it is not medically necessary to continue this medication.