

Case Number:	CM15-0184182		
Date Assigned:	09/24/2015	Date of Injury:	04/26/2012
Decision Date:	11/02/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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 48 year old male, who sustained an industrial injury on April 26, 2012. He reported neck pain after being rear ended by another vehicle. The injured worker was diagnosed as having cervical radiculopathy, brachial neuritis or radiculitis and cervical and lumbar strain. Treatment to date has included diagnostic studies, physical therapy, acupuncture and chiropractic care (without benefit), medications and work restrictions. Currently, the injured worker continues to report neck pain with extremely limited range of motion in all planes. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. Evaluation on July 22, 2015, revealed continued pain as noted. It was noted his pain and anxiety was worse since stopping the Gabapentin. Evaluation on August 27, 2015, revealed continued pain as noted. He rated his pain at 7 on a -10 scale with 10 being the worst. It was noted the symptoms and pain were unchanged since the previous visit. It was noted he was offered spinal injections but declined. It was noted he appeared uncomfortable and in pain. Methadone was continued. The RFA included a request for Methadone 5mg, #28 and was non-certified on the utilization review (UR) on August 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg, #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Methadone 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Methadone Section.

Decision rationale: Per MTUS guidelines, 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. Per the ODG, 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. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (i.e. pain medicine or addiction specialists). Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. Limited evidence suggests there may be a role for this drug for neuropathic pain. In this case, there is no indication that the injured worker is intolerant to first-line opioids, therefore, a second-line agent is not supported. The request for Methadone 5mg, #28 is determined to not be medically necessary.