

Case Number:	CM15-0184509		
Date Assigned:	09/25/2015	Date of Injury:	04/09/2010
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 4-09-2010. The injured worker is being treated for lumbar strain, lumbar radiculopathy, status post L1-L2 laminectomy and discectomy and L5-S1 discogenic bulge status-post surgery. Treatment to date has included surgical intervention (lumbar laminectomy), physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 6-29-2015, the injured worker presented for follow-up. He reported constant moderate low back pain. Objective findings of the thoracolumbar spine included a well healed surgical scar. There was exquisite tenderness noted throughout the lumbosacral musculature. He is "very much restricted" in flexion and extension. The injured worker has been prescribed Methadone since at least 12-2014. He has been prescribed opioid pain medication since 2010. Per the records dated 4-27-2015, he reported pain level of 8-9 out of 10, however, with the help of medication it is somewhat manageable. On 7-27-2015, he reported a pain level of 10 out of 10. Per the medical records dated 12-10-2014 to 8-24-2015, there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included medications and authorization was requested for Methadone 10mg #150, Gabapentin 600mg #90 and Citalopram 20mg #60. On 9-02-2015, Review modified the request for Methadone 10mg #150 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tablets 10mg, #150 (25 day supply) with 0 refills: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, methadone 10 mg #150 (25 day supply) with zero refills is not medically necessary. 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. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details, see the guidelines. In this case, the injured worker's working diagnoses are lumbar strain; lumbar radiculopathy; status post L1 - L2 laminectomy/discectomy; L5 - S1 discogenic bulge status post surgery; severe depression; insomnia; weight gain, sexual dysfunction and constipation. Date of injury is April 9, 2010. Request for authorization is August 24, 2015. According to a progress note dated April 16, 2015, the training provider prescribed methadone 10 mg at bedtime. According to a July 27, 2015 progress note, the pain management provider documented ongoing low back pain 10/10 with radiation to the lower extremities. The injured worker is status post low back surgery. Objectively, the injured worker ambulates with crutches, has decreased range of motion and positive straight leg raising. Medications include methadone 10 mg, diazepam 10 mg; and Celexa. The injured worker is engaged in a home exercise program. There are no urine drug screens in the medical record, no opiate contract and no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, and no opiate contract or prior urine drug testing, methadone 10 mg #150 (25 day supply) with zero refills is not medically necessary.