

Case Number:	CM15-0192362		
Date Assigned:	10/06/2015	Date of Injury:	05/12/2008
Decision Date:	11/13/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 injure worker is a 49 year old female who sustained an industrial injury on May 12, 2008. Urine toxicology reported dated March 26, 2015 reported prescribed medications as: Robaxin, Cymbalta, and MS Contin and Methadone metabolite, Hydromorphone, and Meprobamate all without prescription. A pain management follow up dated August 13, 2015 reported the patient presenting for medication refill. She reports "a good result with the new medication regimen," we will continue this unchanged. Medications consisted of: MS Contin, Methadone and Neurontin. The plan of care noted: lumbar trigger point injections administered times ten. A request for Methadone 10mg #30, 60 refills was noncertified by Utilization Review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tablet 10mg day supply; 30 qty, 60, refills 00; Rx date 9/17/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: The California chronic pain medical treatment guidelines section on methadone states: Methadone: 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) Steps for prescribing methadone: (1) Basic rules, Weigh the risks and benefits before prescribing methadone, Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments; (2) Know the information that is vital to give the patient: Don't be tempted to take more methadone than prescribed if you are not getting pain relief. This can lead to a dangerous build-up that can cause death. This medication is indicated as a second-line agent in the treatment of chronic pain. The patient has persistent and worsening pain. The long-term use of opioid therapy is only indicated when measurable outcomes in pain control and function have been achieved. The provided documentation fails to show these measurable outcome improvements; therefore, the request has not met criteria as per the California MTUS guidelines and is not medically necessary.