

Case Number:	CM15-0192580		
Date Assigned:	10/06/2015	Date of Injury:	05/30/1985
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
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: Texas, Florida, 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 59 year old female who sustained an industrial injury 05-30-85. A review of the medical records reveals the injured worker is undergoing treatment for long-term use of medications, degeneration of lumbar lumbosacral disc, post laminectomy syndrome, and displacement of thoracic disc. Medical records (05-21-15) reveal the injured worker complains of "severe" and chronic back and leg pain. The physical exam (05-21-15) reveals she uses a walker, has intact sensation to light touch and pinprick bilaterally to the lower extremities, and lumbar spine motor strength is 5/5. Prior treatment includes medications and back surgery. The original utilization review (09-11-15) non certified the request for Methadone 10mg #240. There is no documentation of how long the injured worker has been on her current medication regimen. The injured worker called in for a medication refill on 08-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy.

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

Decision rationale: This claimant was injured 30 years ago. There is no mention of how long the claimant has been on the regimen, and what the objective, functional benefits out of the regimen were. The MTUS notes that 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. (Clinical Pharmacology, 2008). Multiple potential drug-drug interactions can occur with the use of Methadone. Moreover, in regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. It is not clear from the records that the Methadone used in this claimant is a second line drug, and the multiple drug-drug interactions had been addressed. Further, the MTUS issues in regards to long-term opiate usage is not addressed. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.