

Case Number:	CM15-0192689		
Date Assigned:	10/06/2015	Date of Injury:	02/12/2001
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old female, who sustained an industrial injury on 02-12-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back pain, lumbar radiculopathy, anxiety and depression. Medical records (03-31-2015 to 08-26-2015) indicate ongoing low back pain with pain down the left lower extremity. Pain levels were 7-10 out of 10 on a visual analog scale (VAS). Records also indicate no ongoing changes or improvement in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-26-2015, revealed guarding and slowed movement of the lumbar spine, limited range of motion in the lumbar spine, dyskinetic recovery from a forward flexed posture, and diffuses tenderness of the lumbosacral junction with difficulty changing positions. There were no changes noted from previous exam dated 08-26-2015. Relevant treatments have included: lumbar fusion surgery (2004), disc replacement surgery (2008), ventral incisional hernia repairs (x2), spinal cord stimulator, injections, physical therapy (PT), chiropractic treatments, acupuncture, work restrictions, and pain medications (no reported history of methadone use). The treating physician indicates that there have been no aberrant drug behavior, no negative side effects, and that the IW is compliant with medications. The request for authorization (08-26-2015) shows that the following medication was requested: methadone 10mg #90. The original utilization review (09-17-2015) non-certified the request for methadone 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

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

Decision rationale: Per CA MTUS, Medications for chronic pain page 60, methadone is a listed medication for the use in treating chronic pain. The guidelines state "Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." Additionally per CA MTUS, Methadone, page 61: 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. Providers experienced in using it should only prescribe methadone. (Clinical Pharmacology, 2008)" Based upon the records reviewed there is insufficient evidence to support chronic use of methadone. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/26/15. There is inadequate documentation of a failure of a first line medication. Therefore, the determination is for non-certification.