

Case Number:	CM15-0193036		
Date Assigned:	10/07/2015	Date of Injury:	07/01/2003
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 7-1-03. The injured worker is being treated for lumbosacral disc degeneration, cervicalgia and myofascial pain syndrome. Urine drug screen performed on 6-26-15 was consistent with medications prescribed. Treatment to date has included oral medications including Norco, Soma and Methadone (since at least 1-2015), topical Lidoderm and Pennsaid; median branch blocks, trigger point injections, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic treatments, and activity modifications. 8-27-15, the injured worker complains of continued low back, cervical and arm pain rated 7 out of 10 with medications and 10 out of 10 without medications; she knows she is able to accomplish all activities of daily living except gardening and she is stable on medications. It is noted a pain contract is on file. Work status is noted to be permanently disabled. Physical exam performed on 8-27-15 limited range of motion of neck, pain with leaning forward, tenderness lateral lumbar area, trigger points in lumbar area and diffuse tenderness. On 8-26-15, request for authorization was submitted for Methadone 10mg #270 and Methadone 10mg #30. On 9-17-15 request for Methadone 10mg #270 and Methadone 10mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #270: Upheld

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

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

Decision rationale: Methadone is an opioid medication, 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. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, the patient has been taking methadone since at least March 2015 and has not obtained analgesia. The duration of treatment increases the risk of adverse effects without benefit. In addition the patient is prescribed 9 tablets daily in addition to a second prescription of methadone 10 mg and possible 8 Norco 10/325. Daily morphine equivalent dose is greater than 1000 mg daily, surpassing the recommended maximum of 120 mg. The request is not medically necessary.

Methadone 10mg #30: Upheld

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

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

Decision rationale: Methadone is an opioid medication, 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. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or

NSAIDS have failed. In this case, the patient has been taking methadone since at least March 2015 and has not obtained analgesia. The duration of treatment increases the risk of adverse effects without benefit. In addition the patient is prescribed methadone 10 mg in addition to a second prescription of methadone 10 mg 9 tablets daily and possible 8 Norco 10/325. Daily morphine equivalent dose is greater than 1000 mg daily, surpassing the recommended maximum of 120 mg. The request is not medically necessary.