

Case Number:	CM15-0196052		
Date Assigned:	10/09/2015	Date of Injury:	10/12/2000
Decision Date:	11/18/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old male, who sustained an industrial injury on 10-12-2000. The injured worker is currently able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for left sacroiliitis, myofascial pain, chronic low back pain, status post discectomy, graft harvestation from iliac crest and iliac graft at L4-5, left L4-5 transverse facet lumbar fusion, depression, reflux, rule out right lumbar radiculopathy, and insomnia. Treatment and diagnostics to date has included lumbar spine surgery and medications. Recent medications have included Methadone and Gabapentin. After review of progress notes dated 07-10-2015 and 08-13-2015, the injured worker reported continued low back pain (rated 5 out of 10 on 07-10-2015). Objective findings included tenderness and spasms in lumbar paraspinal muscles, stiffness noted with motion of the spine, and tenderness to bilateral facet joints and bilateral posterior iliac spine. The request for authorization dated 08-31-2015 requested Methadone 10mg #90 and Gabapentin. The Utilization Review with a decision date of 09-05-2015 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:

1 prescription of Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use, Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction.

Decision rationale: 1 prescription of Methadone 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant functional improvement. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals. There is no documentation of an objective random drug testing, or opioid contract for review. Without evidence of the above MTUS prescribing guidelines the request for Methadone is not medically necessary.