

Case Number:	CM15-0198507		
Date Assigned:	10/13/2015	Date of Injury:	01/14/1999
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female with a date of injury on 01-14-1999. The injured worker is undergoing treatment for status post decompression and fusion L4-S1-complicated by infection, status post removal of hardware, status post revision decompression and discectomy, intractable low back pain, on opioid maintenance, anxiety, recurrent disc herniation L3-4 to the right, degenerative disc and facet disease with stenosis, status post permanent implantation of lumbar spinal cord stimulator in December of 2102, carpal tunnel syndrome, arachnoiditis and failed back syndrome. Physician progress notes dated from 05-12-2015 to 07-08-2015 she rates her pain as 10 out of 10 without medications and 6-7 out of 10 with medications. Without her medications she is essentially bedridden and requires assistance with all activities. She begins to experience relief within 20-30 minutes and relief lasts about 4-6 hours. A physician progress note dated 09-01-2015 documents the injured worker has complaints of a burning pain in her neck and shoulders as well as pain in the lower back with numbness and tingling in the hips. She has pain in both her feet and relies on a cane for balance and support. She has had increased spasms in her low back the last few days. She rates her pain on this date as 7-8 out of 10. Her lowest pain is rated 3 out of 10 and her worst pain is rated 9 out of 10. Her average pain over the last month was 6-7 out of 10. She responded well to Methadone, reporting adequate coverage of her pain and denies any side effects. She has a slow antalgic gait and uses an assistive device. She has a forward flexed posture. Lumbar range of motion is restricted due to pain and there is tenderness and guarding in the lumbar paraspinal musculature. She has a positive Spurling's test with increased numbness and tingling in the extremities. Without her medication she can only walk about a minute, 2 minutes sitting and 30 seconds of standing and she cannot sleep or sustain activities. With her medications, she can get dressed, shower, groom herself and access the

community. Treatment to date has included diagnostic studies, medications, caudal epidural steroid injections, and permanent implantation of spinal cord stimulator with paddle lead in December of 2012. Current medications include Methadone (since at least 05-12-2015) and Morphine Sulfate. The Request for Authorization dated 10-07-2015 includes Methadone HCL 10mg #240. On 09-09-2015, Utilization Review non-certified the request for Methadone HCL 10mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Muscle relaxants (for pain).

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

Decision rationale: With regard to methadone, the MTUS CPMTG states: "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." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress reported 9/29/15 it was noted that the injured worker rated her pain 5/10 at the lowest, 10/10 at the highest, and 7/10 on average. She reported that she begins to experience relief within 20-30 minutes of taking the medication, with relief lasting for approximately 4-6 hours. Without medication, she is limited to 1 minute of walking, 2 minutes of sitting, 30 seconds of standing and cannot sleep or sustain activities. With medication, she is able to walk for 5 minutes, sit for 30 minutes, stand for 2 minutes, sleep for 3-4 hours and sustain activity for 15 minutes. She is able to get dressed, shower, groom herself, and access the community. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring safe usage, medical necessity cannot be affirmed.