

Case Number:	CM15-0201003		
Date Assigned:	10/16/2015	Date of Injury:	01/29/2011
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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(n) 43 year old female, who sustained an industrial injury on 1-29-11. The injured worker was diagnosed as having low back pain and spondylosis without myelopathy or radiculopathy. Subjective findings (5-27-15, 7-2-15, 7-29-15, 8-6-15, and 8-24-15) indicated 7-7.5 out of 10 pain in the lower back that radiates to the bilateral hips. The injured worker reported that the Methadone and Oxycodone help control her pain. Objective findings (7-2-15, 8-6-15, and 8-24-15) revealed tenderness in the lower lumbar spine, "decreased" lumbar range of motion and a negative straight leg raise test. As of the PR2 dated 9-23-15, the injured worker reports increasing pain in her lower back that radiates to the bilateral hips. She rates her pain 9 out of 10. There is no physical examination specific to the lower back or hips. Current medications include Baclofen, Cymbalta, Methadone (since at least 5-27-15) and Oxycodone. Treatment to date has included acupuncture, an EMG-NCS of the lower extremities on 1-22-15 showing normal results and a lumbar MRI on 7-23-15 showing an L2-L3, L3-L4, L4-L5 and L5-S1 disc bulge. The Utilization Review dated 9-30-15, non-certified the request for Methadone 10mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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. Methadone should only be prescribed by providers experienced in using it. (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 8/24/15. There is inadequate documentation of a failure of a first line medication. Therefore, the request is not medically necessary.