

<b>Case Number:</b>	CM15-0207718		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	02/29/2000
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 female individual who sustained an industrial injury on 2-29-00. The medical records indicate that the injured worker has been treated for multi-level cervical thoracic and lumbar degenerative disc disease; bilateral trochanteric bursitis; restless leg syndrome; chronic myofascial pain syndrome; obesity; gastroesophageal reflux disease; depression; sleep disorder; cervical radiculitis. She currently (3-30-15) complains of constant pain of the low back with an average pain level of 2-3 out of 10 and 5 out of 10 on awakening in the morning; the thoracolumbar spine revealed moderate paraspinal muscle tenderness bilaterally, moderate bilateral facet joint tenderness, moderate bilateral sacroiliac joint tenderness, moderate bilateral trochanteric bursae tenderness, slight decrease in range of motion with pain. She has sleep difficulties. She has a sedentary life style and all activities are restricted, household chores are physically impossible. After a day of more activity she experiences an exacerbation of pain that requires increased bed rest the following day. Urine drug screen was positive per 3-10-15 note. Treatments to date include industrial medications: Zoloft, Wellbutrin, Zanaflex, Lidoderm patches, Norco since 6-16-09, Lactulose, and Methadone since 6-16-09. The request for authorization was not present. On 10-13-15 Utilization Review non-certified the requests for methadone 10mg #270; Norco 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 MG #270: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on methadone states: Methadone: 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) Steps for prescribing methadone: (1) Basic rules- Weigh the risks and benefits before prescribing methadone. Avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. (2) Know the information that is vital to give the patient: Don't be tempted to take more methadone than prescribed if you are not getting pain relief. This can lead to a dangerous build-up that can cause death. All changes in methadone dose should be made by your treating practitioner. Methadone can make your breath slow down, or actually stop. Methadone can slow down your heartbeat and you might not be able to detect this. If you feel like you are having an irregular heartbeat, dizziness, light-headedness or fainting, call your doctor or clinic immediately. (FDA, 2006) (3) Be familiar with the current SAMHSA health advisory on methadone . The medication has become more accessible to unauthorized users. It can accumulate in potentially harmful doses (especially during the first few days of treatment. There has been a rise in Methadone-associated mortality. (SAMHSA, 2004) (4) Be familiar with the FDA final policy statement on Methadone that explicitly discusses the topic, "Can Methadone be used for pain control." No separate registration is required to prescribe methadone for treatment of pain. (DEA, 2006) (5) Read the new prescribing information for Methadone and the new patient information section. (Roxane, 2006) (6) Multiple potential drug-drug interactions can occur with the use of Methadone. A complete list of medications should be obtained prior to prescribing methadone to avoid adverse events, and the patient should be warned to inform any other treating physician that they are taking this medication prior to starting and/or discontinuing medications. This medication is indicated as a second-line agent in the treatment of chronic pain. The long-term use of opioid therapy is only indicated when measurable outcomes in pain control and function have been achieved. The included clinical documentation for review does not show failure of all first line pain agents. The provided documentation fails to show these measurable outcome improvements. Therefore the request has not met criteria as per the California MTUS guidelines and is not medically necessary.

**Norco 10/325 MG #90: Upheld**

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

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

**Decision rationale:** The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 5/10 to a 2/10/ There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.