

<b>Case Number:</b>	CM15-0213151		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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:

This injured worker is a 54 year old female who reported an industrial injury on 9-25-2003. Her diagnoses, and or impressions, were noted to include: degenerative and displacement of cervical inter-vertebral discs, without myelopathy; post-cervical laminectomy syndrome; cervicalgia; myalgia and myositis; brachial neuritis-radiculitis; shoulder pain; pain in limb; torticollis; chronic pain syndrome; and complex regional pain syndrome type I. No current imaging studies were noted; MRI of the thoracic spine was said to have been done on 12-6-2011, noting multi-level disc bulges. Her treatments were noted to include: physical therapy treatment modalities; activity restrictions; heat-ice therapy; medication management; and modified work duties. The progress notes of 9-25-2015 reported: continued and unchanged sharp pain that radiated from the neck to the right shoulder-arm, and mid-back pain; that her pain was rated 7 out of 10 with medications and 10 out of 10 without; the inability to mobilize the right arm which was very stiff, or to move her neck-shoulders as a unit, making her very uncomfortable; that rest, activity restrictions, and her pain medications lessened her pain and improved her mobility and activities of daily living. The objective findings were noted to include: that she appeared stiff, tilted to the right, and moved as a unit; in a low mood; tenderness and tightness throughout the cervical paraspinal and trapezius, with a 50% restriction in flexion-extension, and 20-30% restriction in rotation; tenderness to the right arm, with hypersensitivity and allodynia, from the hand-up to the shoulder, and weakness in her right arm-hand; and diffuse allodynia with hypersensitivity to touch throughout her right upper extremity. The physician's requests for treatment were noted to include Methadone HCL 10 mg every 4-6 hours, #120 with no refills, to start on 9-25-2015. The

progress notes of 5-21-2015 noted that Methadone 10 mg every 4-6 hours was started on 2-27-2015; and for the continuation of Methadone 10 mg every 4-6 hours, weaning from #160 to #120; and the progress notes of 6-19-2015 & 7-23-2015 both note the continuation of Methadone 10 mg, #120. The Request for Authorization, dated 9-25-2015, was noted to include Methadone 10 mg 4 x a day, #120. The Utilization Review of 10-5-2015 modified the request for a prescription of Methadone HCL 10 mg, #120, to #54.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Methadone HCL 10mg #120: Upheld**

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

**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 (859 hours). Pain relief on the other hand only lasts from 48 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 nonmalignant 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 buildup 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, lightheadedness 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 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.