

Case Number:	CM15-0034007		
Date Assigned:	02/27/2015	Date of Injury:	01/22/2002
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on January 22, 2002. He has reported a back injury. The diagnoses have included chronic alcoholism, major depression. Treatment to date has included lumbar surgery, chiropractic treatment, acupuncture, physical therapy, medications, and spinal cord stimulator trial. Currently, the IW complains of pain. He reports losing his bowels while in bed, and not realizing it. He reports continued depression and fatigue. The provider indicates he is having worsening neurological symptoms, decreased strength and pain with knee extension. The provider indicates he is at increased risk of falls due to weakness of the knees and feet. Current medications are listed as: Lidoderm patch 5%, Methadone 5mg, Oxycodone 10mg, Oxycodone/APAP 10/325mg, Sertraline 50mg, Tizanidine 4mg. The records indicate electrodiagnostic studies completed in December 2013, reveal no evidence of neuromuscular disease, radiculopathy, or plexopathy. The Utilization Review indicates on September 2, 2014, a request for Methadone 10 mg #90, was non-certified. On February 10, 2015, Utilization Review non-certified Methadone 5mg, (one every eight hours for 30 days), #90. The MTUS guidelines were cited. On February 18, 2015, the injured worker submitted an application for IMR for review of Methadone 5mg, one every eight hours for 30 days, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg 1 every 8 hours for 30 days; #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Methadone.

Decision rationale: Routine long-term opioid therapy is not recommended, and The Official Disability Guidelines recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning. The ODG recommends methadone as a second-line drug for moderate to severe pain, only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists, where first-line use may be appropriate. 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. Due to the complexity of dosing and potential for adverse effects including respiratory depression and adverse cardiac events, this drug should be reserved for use by experienced practitioners (i.e. pain medicine or addiction specialists). Methadone 5mg 1 every 8 hours for 30 days; #90 is not medically necessary.