

<b>Case Number:</b>	CM15-0036845		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/25/2000
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 8/25/2000. The current diagnoses are intervertebral lumbar disc disorder with myelopathy and status post lumbar fusion (2007). Currently, the injured worker complains of low back pain with radiation to the left leg and thigh. The physical examination of the back reveals moderate paralumbar and parathoracic myospasms. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Methadone 10mg #540 and Methadone 60mg, which is now under review. On 1/27/2015, Utilization Review had non-certified a request for Methadone 10mg #540 and Methadone 60mg. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10 MG #540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone 10 mg #540 is not medically necessary. Methadone is recommended as a second line drug from 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 drug should be reserved for use by experienced practitioners due to the complexity of dosing and potential for adverse effects in respiratory depression and adverse cardiac effects. Methadone is associated with increased risk for QT prolongation and torsade de pointes. The patient should be warned not to use alcohol, benzodiazepines or other CNS depressant (particularly at night) unless specifically prescribed by the treating physician. The injured worker should be informed of potential adverse effects including respiratory depression, irregular heartbeat, dizziness, lightheadedness and/or syncope. In this case, the injured worker's working diagnoses are intervertebral lumbar disc disorder with myelopathy lumbar region; hypertension; anxiety and depression; gastritis; anemia; painted soft tissues limb; disruption 24 hour sleep wake cycle; slow transit constipation; closed fracture of unspecified part of fibula and tibia. A progress note dated July 2, 2014 contains vital signs with no heart rate. Reportedly, the injured worker is hypertensive on antihypertensive medications. Subsequent progress, notes dated July 30, 2014 and September 24, 2014, contain vital signs with no heart rate. The injured worker takes Methadone 10 mg 16 tablets per day. The documentation did not contain detailed pain assessments in the progress follow-up notes nor were their risk assessments. The documentation did not contain evidence of objective functional improvement. The request for authorization was January 9, 2015. Subjectively, according to January 9, 2014 progress note, the injured worker became depressed, was admitted and transferred to [REDACTED] where he was subsequently diagnosed with bipolar disease and schizophrenia (at 51 years of age). The documentation indicates the patient was admitted getting one week of Methadone from the treating physician when discharged. Documentation is unclear as to whether this is an additional source of Methadone over and above the primary treating pain management physician. The documentation states the treating physician "would like a psych evaluation". The injured worker was reportedly diagnosed with bipolar disease and schizophrenia (at age 51) while hospitalized and it is unclear whether there was a psychiatric evaluation while the patient was in hospital. The documentation states "pain continues to wax and wane at a moderate level of pain medications on board and doing their job". The injured worker's blood pressure was 132/88. There was no heart rate documented in the record. On physical examination, the worker was in no acute distress. Physical examination showed moderate her lumbar myospasm and moderate parathoracic myospasm. Neurologically the physical examination was unremarkable. Psychiatric examination showed the injured worker was alert, oriented, cognitive functioning, cooperative with examination, eye contact, judgment and insight, mood/affect with no auditory or visual hallucinations. There was a follow-up visit scheduled for four weeks. The documentation indicates the treating physician has prescribed methadone since 2012. In the more recent progress notes, the injured worker has been taking Methadone 10 mg 18 tablets per day. The progress note dated January 9, 2014; the injured worker was diagnosed with bipolar depression and schizophrenia. A subsequent entry states a psychiatric consultation would be appropriate.

The guidelines indicate a psychiatric consultation is appropriate when there is evidence of depression, anxiety or irritability. There are no detailed periodic pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation of objective functional improvement in the medical record. As noted above, Methadone weaning was recommended in June 2014. The injured worker still takes Methadone 10 mg 18 tablets per day. There does not appear to be an attempt at weaning. There is no documentation in the medical record whether the injured worker was informed of the potential adverse effects of methadone including respiratory depression, irregular heartbeat, dizziness, lightheadedness and/or syncope in lieu of the injured workers history of hypertension. The injured worker's heart rate is not documented in the progress notes. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Methadone 10 mg in the presence of recently diagnosed bipolar disease and schizophrenia in a 51-year-old, no psychiatric evaluation, no attempt at weaning, no pain assessments or risk assessments in the medical record, Methadone 10 mg #540 is not medically necessary.

**Methadone 60 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone 60 mg is not medically necessary. Methadone is recommended as a second line drug from 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 drug should be reserved for use by experienced practitioners due to the complexity of dosing and potential for adverse effects in respiratory depression and adverse cardiac effects. Methadone is associated with increased risk for QT prolongation and torsade de pointes. The patient should be warned not to use alcohol, benzodiazepines or other CNS depressant (particularly at night) unless specifically prescribed by the treating physician. The injured worker should be informed of potential adverse effects including respiratory depression, irregular heartbeat, dizziness, lightheadedness and/or syncope. In this case, the injured worker's working diagnoses are intervertebral lumbar disc disorder with myelopathy lumbar region; hypertension; anxiety and depression; gastritis; anemia; painted soft tissues limb; disruption 24 hour sleep wake cycle; slow transit constipation; closed fracture of unspecified part of fibula and tibia. The documentation in serial progress notes from July 2, 2014 through January 9, 2015 shows the injured worker was taking Methadone 10 mg 18 tablets per day. There is no documentation in the medical record indicating the injured worker was taking Methadone 60 mg. There is no documentation in the medical record whether the injured worker was informed of the potential adverse effects of methadone including respiratory depression, irregular heartbeat, dizziness, lightheadedness and/or syncope in lieu of the injured workers history of hypertension. The injured worker's heart rate is not documented in the progress notes. Consequently, absent compelling clinical documentation with objective

functional improvement to support the ongoing use of Methadone 60 mg (in addition to the Methadone 10mg 18 per day) in the presence of recently diagnosed bipolar disease and schizophrenia in a 51-year-old, no psychiatric evaluation, no attempt at weaning, no pain assessments or risk assessments in the medical record, Methadone 60 mg is not medically necessary.