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| Case Number: | CM15-0046146 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 01/06/1999 |
| Decision Date: | 04/24/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 01/06/1999. She has reported injury to the right knee and lower back. The diagnoses have included lumbosacral spondylosis. Treatment to date has included medications, diagnostic studies, physical therapy, and surgical intervention. Medications have included Dexilant, Methadone, Soma, Cymbalta, Wellbutrin, and Nexium. A progress note from the treating physician, dated 02/18/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain; pain is rated 4-5/10 on the visual analog scale; back pain is referred down the left leg to toes; and medications are partially effective for controlling the pain and allow for doing activities of daily living and help with functionality. Objective findings included lumbosacral tenderness; and decreased lumbosacral range of motion. The treatment plan included prescription medications. Request is being made for Methadone HCL 10 mg, QTY: 360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg, QTY: 360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 61-62, 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In addition, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. In the progress reports available for review, the patient has been taking Methadone at high quantity of 600 tablets a month for over 1 year. The requesting provider documented pain relief, however, improvement in function was not clearly outlined. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed. Lastly, there is no documentation identifying that methadone is being prescribed as a second-line drug and what first line opioid medications has been tried in the past. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. The request for Methadone HCL 10mg, QTY: 360 is not medically necessary.