MAXIMUS Federal Services

Case Number:	CM15-0084640		
Date Assigned:	05/06/2015	Date of Injury:	01/08/1997
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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 56-year-old female, who sustained an industrial injury on 01/08/1997. She has reported subsequent low back and neck pain and was diagnosed with chronic low back pain and degeneration of cervical and lumbar intervertebral disc. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 03/31/2015, the injured worker complained of increasing right upper and lower extremity symptoms, neck and back pain. No objective examination findings were documented during this visit. The physician noted that Methadone was thought to be providing an analgesic response with no side effects or signs of adverse drug related behavior and a request for authorization of Methadone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines methadone Page(s): 61-62.

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.