

Case Number:	CM15-0085457		
Date Assigned:	05/07/2015	Date of Injury:	07/30/1999
Decision Date:	06/08/2015	UR Denial Date:	04/15/2015
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 65 year old male, who sustained an industrial injury on 7/30/99. The mechanism of injury was not noted. The diagnoses have included lumbar radiculopathy, failed back surgery syndrome, chronic pain syndrome, cervical radiculopathy, history of injury to right hand and finger, migraine headaches and depression. Treatment to date has included medications, diagnostics, labs, pain management, activity modifications, orthosis, and surgery including lumbar fusion and bilateral hand surgeries and conservative care with home exercise program (HEP). Currently, as per the physician progress note dated 4/3/15, the injured worker complains of increased low back pain with bilateral lower extremity radicular symptoms which exacerbate with activity and interfere with sleep and mood. He reports decreased levels of activity and function due to pain. The Methadone and Neurontin continue to provide functional relief but only temporarily. He reports that he had physical therapy in the past with no relief of pain. He complains mainly of low back pain that radiates to the bilateral lower extremities with cervical pain and bilateral hand pain. He also reports depression and memory loss, weakness, paresthesia and tremors. The pain is rated from 5-9/10 on pain scale. Physical exam revealed there is diffuse tenderness to palpation in the cervical area, limited range of motion due to pain and tenderness over the right wrist, hand and forearm. There is severe tenderness to palpation in the lower lumbar facet joint and sacroiliac joints throughout, poor flexion and extension, positive straight leg raise bilaterally and positive Fabere test bilaterally. He walks very slow using a cane and is unable to walk on tippy toes and heels. There is weakness on lower and upper extremities due to pain. There is decreased sensation to pin and light touch on both the upper and lower

extremities. The bilateral ankle reflex is absent with decreased reflexes noted on the upper extremities. The drug panel dated 6/3/14 and 12/8/14 was consistent with medication prescribed. The current medications included Imitrex, Neurontin, Methadone and Diazepam. The physician requested treatment included Methadone Hydrochloride 10mg quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hydrochloride 10mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids; Weaning of Medications.

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.