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| Case Number: | CM15-0086816 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 12/01/1998 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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 66 year old male, who sustained an industrial injury on 12/1/98. The diagnoses have included displacement of thoracic disc without myelopathy, cervical disc displacement without myelopathy, carpal tunnel syndrome and long term use of medications. Treatment to date has included medications, activity modifications, right shoulder and right carpal tunnel release surgery, physical therapy and home exercise program. Currently, as per the physician progress note dated 12/26/14, the injured worker complains of upper extremity pain, cervical neck pain and lumbar/thoracic spine pain. It is noted that the injured worker is paying out of pocket for his Methadone and Hydrocodone as there has been no response to the request for the medications. He continues to have numbness and tingling to the right thumb and pointer finger. It is noted that the medications are essential to keep him functioning and able to continue working. He also reports depression, decreased libido and sleep disturbance. The objective findings reveal that he is moderately obese and there is decreased sensation to light touch along the C7 dermatome on the right side, otherwise an unremarkable exam. The current medications included Hydrocodonebit/apap, Methadone, Gabapentin, Protonix, Naproxen, Flexeril and Aspirin. The urine drug screen dated 1/30/15 was consistent with medications prescribed. Work status is permanent and stationary. The physician requested treatment included Methadone 5 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5 mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids; Weaning of Medications page(s): 60-1, 74-96, 124. Decision based on Non-MTUS Citation FDA Policy Statement: Information for Healthcare Professionals Methadone Hydrochloride, <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm142841.htm>.

Decision rationale: Methadone, a long-acting opioid, is indicated for treatment of moderate to severe pain. Its half-life (how long it stays in the body) is 8-59 hrs yet its pain relieving effect lasts only 4-8 hrs. If being used to treat neuropathic pain, it is considered a second-line treatment (first-line are antidepressants and anticonvulsants), however, there are no long-term studies to suggest chronic use of opioids for neuropathic pain. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks). There is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Because of the difficulty in understanding opioid effectiveness in chronic pain, outcome measure analysis is recommended. This is defined as a measure of improvement in functioning, amount of side effects and patient compliance. However, the MTUS recommends that opioid dosing not exceed 120 mg equivalents of morphine per day. Dosing above this level should be done by a pain specialist and with appropriate patient consent. The morphine equivalent dose (MED) adds together all forms of opioids the patient is taking. For this patient the MED for his methadone dose is 240 mg/day and his hydrocodone dose is 90 mg/day for a total of 330 mg/day. This is well in excess of the recommended maximum dosing. The problem with this high level of methadone use is an increased risk of respiratory depression, serious cardiac arrhythmias and death. Weaning to a lower dose should be considered. For this patient, outcome improvement in functioning is well documented, the patient is being followed by a pain medicine specialist who is following the MTUS recommendations for the safe use of chronic opioid therapy and the current opioid dosing is stable. Considering all the above information, medical necessity for continued use of this medication has been established.