

Case Number:	CM15-0088077		
Date Assigned:	05/12/2015	Date of Injury:	05/31/2007
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 43-year-old female, with a reported date of injury of 05/31/2007. The diagnoses include chronic neck pain, cervical degenerative disc disease, status post C6-7 anterior discectomy and fusion with allograft bone and anterior plate fixation, bilateral cervical radicular symptoms, pain-related insomnia, bilateral cubital tunnel syndrome, carpal tunnel syndrome, and status post bilateral carpal tunnel releases. Treatments to date have included aquatic exercises, a transcutaneous electrical nerve stimulation (TENS) unit, cervical spine fusion and revision, a computerized tomography (CT) scan of the cervical spine on 01/20/2012, and oral medications. The progress report dated 04/07/2015 indicates that the injured worker continued to have chronic neck pain, with radicular symptoms to her bilateral upper extremities. It was noted that the injured worker typically received Methadone 10mg with two tablets every eight hours. She denied any side effects with her medications. It was noted that her medications were necessary to help manage her neck pain and spasms adequately so that she could function with activities of daily living. The injured worker's medications reduced her pain and spasm by approximately 50%. Her pain without her medications was approximately 8 out of 10 in intensity, and with her medications, her pain was approximately 4 out of 10. The injured worker had a signed pain contract and had not showed any abnormal behaviors regarding her medications. Her urine studies dated 02/18/2015 were consistent with her medication regimen. The objective findings include negative bilateral shoulder impingement signs, slightly reduced shoulder range of motion, slightly positive Tinel's testing at the bilateral cubital tunnels, positive Tinel's and Phalen's testing at the bilateral wrists, full range of motion in her fingers and

thumbs, tenderness and spasm at the right cervical paraspinal regional extending into the right trapezius, and slight tenderness to palpation at the T1 and perhaps the T2 level. The treating physician requested Methadone 10mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 76-79, Methadone page 61 Page(s): 76-79; 61.

Decision rationale: According to MTUS guidelines, 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. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4A'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. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of narcotic in this patient. There is no documentation of compliance of the patient with her medications. Therefore, the prescription of Methadone 10mg #180 is not medically necessary.