

Case Number:	CM14-0161058		
Date Assigned:	10/06/2014	Date of Injury:	11/12/2008
Decision Date:	12/09/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 36-year-old female with an 11/12/08 date of injury. At the time (5/15/14) of request for authorization for Methadone tab 5mg 30 QTY: 90 and Lazanda SPR 100mcg QTY: 30, there is documentation of subjective (right hip pain radiating to left lower extremity and severe foot/ankle pain) and objective (tenderness over right hip and positive allodynia) findings, current diagnoses (reflex sympathetic dystrophy and myalgia/myositis), and treatment to date (medications (including ongoing treatment with Cymbalta, Neurontin, Phentermine, Lidoderm patch, Methadone, Oxycodone, and Nucynta)). Medical report identifies that urine drug screen is used as part of medication management; and that patient is stable on current medication dosing. Regarding Methadone tab 5mg 30 QTY: 90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab 5mg 30 QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy and myalgia/myositis. In addition, there is documentation of ongoing treatment with Methadone; Methadone used as a second-line drug; and severe pain. However, despite documentation that urine drug screen is used for medication management, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, and side effects. In addition, despite documentation that patient is stable on current medication dosing, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of specific use of Methadone. Therefore, based on guidelines and a review of the evidence, the request for Methadone tab 5mg 30 Qty: 90 is not medically necessary.

Lazanda SPR 100mcg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lazanda (fentanyl nasal spray)

Decision rationale: MTUS does not address this issue. ODG identifies that Lazanda (fentanyl nasal spray) is not recommended for musculoskeletal pain. Therefore, based on guidelines and a review of the evidence, the request for Lazanda SPR 100mcg Qty: 30 is not medically necessary.