

Case Number:	CM14-0104802		
Date Assigned:	09/16/2014	Date of Injury:	09/25/2003
Decision Date:	06/30/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 65 year old male with a September 25, 2003 date of injury. A progress note dated June 4, 2014 documents subjective findings (neck pain; right shoulder pain; pain rated at a level of 2/10 with medications and 5/10 without medications; increased activity level), objective findings (normal gait; loss of normal cervical lordosis; restricted range of motion; tenderness and hypertonicity of the cervical paravertebral muscles with a tight muscle band noted on both sides; spinous process tenderness; tenderness of the paracervical muscles and trapezius; Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity; decreased biceps, triceps, and brachioradialis reflexes bilaterally; tenderness of the subscapularis bilaterally; decreased sensation to light touch over the arms in the right side and patchy in distribution), and current diagnoses (cervical pain; cervical disc disorder; headache/facial pain; shoulder pain; cervical radiculopathy). Treatments to date have included physical therapy, medications, imaging studies, and chiropractic treatment. The medical record identifies that medications are working well. The treating physician documented a plan of care that included Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone HCL 10mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone HCL 10 mg #150 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless Methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details see the guidelines. In this case, the injured worker's working diagnoses are cervical pain; disk disorder cervical; headache/facial pain; shoulder pain; and cervical radiculopathy. The documentation shows the injured worker was on Methadone as far back as 2012. The injured worker had multiple urine drug toxicology screens that were inconsistent and positive for multiple illicit drugs. Urine drug toxicology screens performed on January 24, 2013, August 23, 2013, January 2014 and March 2014 were positive for amphetamines, methamphetamines, methadone, THC (cannabis), and ethyl Glucoronide and ethyl sulfate. Utilization review indicates recommendations were made for tapering. The worker has a VAS pain score of 5/10. Recommendations for tapering were made by the utilization review physician. Methadone is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is not without risk. This risk to the patient is multiplied by the injured worker's illicit drug behavior. Based on the clinical information in the medical record, multiple inconsistent urine drug toxicology screens that were positive for amphetamines and methamphetamines, cannabis and alcohol metabolites and recommendations for weaning, Methadone HCL 10 mg #150 is not medically necessary.