

Case Number:	CM14-0137874		
Date Assigned:	09/05/2014	Date of Injury:	12/11/2000
Decision Date:	06/29/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old male, who sustained an industrial injury on 12/11/2000. The current diagnoses are lumbar radiculopathy, post-lumbar laminectomy syndrome, spasm of muscle, degenerative disc disease of the lumbar spine, insomnia and low back pain. According to the progress report dated 7/31/2014, the injured worker complains of low back pain with radiation down both legs. The pain is rated 7/10 with medications and 10/10 without. The current medications are Soma, Dilaudid and Methadone. Treatment to date has included medications management, acupuncture, epidural steroid injection (6/18/2014), and surgical intervention. Per notes, he was cleared after psychology consultation for intrathecal pump in August, 2014. The plan of care includes Methadone, EKG, and laboratory studies. The IW was previously utilizing MSContin, Dilaudid, Soma, Lidoderm and methadone. The UDS dated 7/3/2014 and 1/6/2015 was consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, abuse and adverse interaction with other sedatives. The guidelines recommend that methadone be utilized as a last line opioid because of significantly high risk of adverse effects and drug interactions. The records did not indicate that the patient failed treatment with first line opioid medications. There is no special indication for the use of methadone such as history of drug addiction or detoxification program. There is no documentation of failure of utilization of NSAIDs and non- opioid co-analgesics such as anticonvulsant and antidepressant medications. The criteria for the use of methadone 10mg #300 was not met therefore the request is not medically necessary.

1 EKG (Electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, abuse and adverse interaction with other sedatives. The guidelines recommend that methadone be utilized as a last line opioid because of significantly high risk of adverse effects including EKG changes and drug interactions. The records did not indicate that the patient failed treatment with first line opioid medications. There is no special indication for the use of methadone such as history of drug addiction or detoxification program. There is no documentation of failure of utilization of NSAIDs and non-opioid co-analgesics such as anticonvulsant and antidepressant medications. The criteria for the use of methadone 10mg #300 was not met therefore the indication for EKG monitoring of methadone adverse effects was not necessary therefore the request is not medically necessary.

1 Labs: serum AST (Aspartate Aminotransferase), ALT (Alanine Aminotransferase), and renal panel: 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 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, abuse and adverse interaction with other sedatives. The guidelines recommend that methadone be utilized as a last line opioid because of significantly high risk of adverse effects and drug interactions. The records did not indicate that the patient failed treatment with first line opioid medications. There is no special indication for the use of methadone such as history of drug addiction or detoxification program. There is no documentation of failure of utilization of NSAIDs and non-opioid co-analgesics such as anticonvulsant and antidepressant medications. The criteria for the use of methadone 10mg #300 was not met therefore the indication for monitoring with serum tests of ALT, AST and renal panel was not met therefore the request is not medically necessary.

1 BUN/Creatinine hepatic function panel: 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 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatments of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesic and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation, abuse and adverse interaction with other sedatives. The guidelines recommend that methadone be utilized as a last line opioid because of significantly high risk of adverse effects and drug interactions. The records did not indicate that the patient failed treatment with first line opioid medications. There is no special indication for the use of methadone such as history of drug addiction or detoxification program. There is no documentation of failure of utilization of NSAIDs and non-opioid co-analgesics such as anticonvulsant and antidepressant medications. The criteria for the use of methadone 10mg #300 was not met and therefore the indication for 1 BUN and hepatic panel tests for monitoring of methadone organ effects was not met therefore the request is not medically necessary.