

Case Number:	CM14-0211222		
Date Assigned:	12/24/2014	Date of Injury:	01/06/2000
Decision Date:	02/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal 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:

The injured worker (IW) is a 51-year-old man with a date of injury of October 6, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbago with radiculopathy, status post L5-S1 fusion; status post removal of hardware with intractable pain; facet and sacroiliac joint arthropathy; migraine headaches; and recent fall, unspecified knee injury, including fractures. Pursuant to the progress note dated December 2, 2014, the IW complains of pain rated 7-8/10. The treating physician reports the injured worker's Opana ER has been denied by the insurance carrier. This has led to increased pain and a decrease in his function, as well as activities of daily living. He has had more associated anxiety and depression. The treating physician reports the Soma, Klonopin, and Norco continue to be prescribed through an alternative insurance. In July and August 2014 the IW was given samples of Lorzone (a muscle relaxant). Objectively, the IW is alert and oriented X 4. Blood pressure is 90/59 with a pulse rate of 87. Significant sciatic notch tenderness is noted bilaterally. He has sensory deficits to light touch, thermal, and vibratory sensation over the dermatomes L4, L5, and S1 in the right lower extremity, with milder deficit in the left lower extremity. There are positive straight leg raise tests bilaterally. There is a decrease in range of motion in the lumbar spine to flexion, extension, and lateral rotation. He has significant pain in the flexion and extension of the trunk. These symptoms and funding have increased over the past few months. There is a urine drug screen (UDS) in the medical record dated July 10, 2014. Within the UDS report, there are historic test results that indicate the IW was taking Clonazepam, Norco, Opana, Soma, and Baclofen as far back as December 23, 2013. The most recent UDS dated October 30, 2014, the injured worker's reported medications include Methadone, Norco, Soma and Clonazepam. The UDS was positive for the stated medications. The treating physician indicates there was clear documentation that the injured worker's previous

medications effectively controlled the pain allowing the IW to remain functional and working. However, there was no documentation of objective functional improvement that would support this objective benefits noted. The current request is for Methadone HCL10 mg (DOS: December 6, 2014) #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg per 12/06/14 note Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a Therapeutic Trial of Opioids.

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, Methadone/Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone is recommended as a second line drugs from moderate to severe pain only if the potential benefit outweighs the risk, unless methadone was prescribed by pain specialists with experience in the use and addiction specialists, where first-line use the be appropriate. Methadone is considered useful for when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects to the opiates. The steps for prescribing methadone are enumerated in the Official Disability Guidelines. Patients should be warned not to use alcohol, benzodiazepines are of the CNS depressants (particularly at night) unless specifically prescribed by the treating physician. In this case, the injured worker's working diagnoses were lumbago with radiculopathy, status post fusion; status post removal of hardware with intractable pain; facet and sacroiliac joint arthropathy; migraine headaches; recent fall, unspecified left knee injury, including fracture. The injured worker's current VAS score continues to be elevated at seven - 8/10. The documentation pursuant to a December 2, 2014 progress note states the injured worker is receiving Opana ER (continues to be denied to the patient), Norco 10/325 12 tablets PO Q3 to 4H PRN #240, Klonopin and a minimal dose (?) of Methadone. In July and August 2014 the injured worker was given samples of Lorzone (muscle relaxant), Opana, Norco, Lodine and Klonopin. In September 2014, a prescription for methadone was given to the injured worker. A urine drug screen was taken October 30, 2014. The injured worker was taking Methadone; Norco; Soma; and Clonazepam. Urine drug screen was positive for those medications. The utilization review physician made multiple attempts to contact the pain management physician. There was no peer-to-peer review. The injured worker obtains his medications through a private carrier if the worker comp carrier does not pay for them (December 2, 2014 progress note). The treating physician indicates there was clear documentation that the injured worker's previous medications effectively controlled the pain allowing the injured worker to remain functional and working. A urine toxicology from October 30, 2014 showed norhydrocodone, hydromorphone, methadone, EDD P, clonazepam, Soma, and meprobamate. However, there was no documentation of subjective or objective functional improvement that would support the benefits noted. There are potential side effects of respiratory depression, irregular heartbeat, dizziness, lightheadedness and/or syncope with methadone that

are exacerbated in patients that take benzodiazepines or other CNS depressant. The injured worker is taking Klonopin, Soma and Norco all of which have potential respiratory depressant properties. Consequently, absent objective and subjective functional improvement (with ongoing Klonopin, Soma, and Norco), the request for Methadone HCL 10 mg per December 6, 2014 #180 is not medically necessary.