

Case Number:	CM15-0117231		
Date Assigned:	06/26/2015	Date of Injury:	05/01/1999
Decision Date:	08/26/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 70-year-old, female who sustained a work related injury on 5/1/99. The diagnoses have included lumbar strain/sprain, pain in shoulder joint and long-term use of medications. Treatments have included home exercises and medications. In the Visit Note dated 4/7/15, the injured worker complains of chronic low back pain. She states pain remains stable. She states that if she increases her activity, it aggravates her pain. She states the Methadone continues to help reduce her pain by 50%. She is better able to exercise, work in her garden and perform her activities of daily living with less pain with the Methadone. She complains of constipation but no other side effects. Most recent urine drug screen dated 4/8/15, shows she tested positive for Methadone Metabolite, which indicates she is taking the medication. She is not working. The treatment plan includes a refill of Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone hydrochloride 10mg 1 every 8 hours #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids, Weaning of medications Page(s): 61-62, 80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids and Other Medical Treatment Guidelines Clinical Pharmacology, 2008.

Decision rationale: Per CA MTUS guidelines, Methadone is "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." Adverse side effects may be delayed due to chronic use. It has the potential for abuse. "This product is only FDA-approved for detoxification and maintenance of narcotic addiction." Urine drug screen indicates that this patient is taking this medication. Although the documentation reports what activities she is able to perform with taking this medication, there is not much change from visit to visit. There are no pain levels recorded to note if her pain levels decrease with use of Methadone. It is not indicated how long she has been taking Methadone. Weaning should be considered. Therefore, the requested treatment of Methadone is not medically necessary.