

Case Number:	CM15-0119845		
Date Assigned:	06/30/2015	Date of Injury:	10/07/1991
Decision Date:	07/29/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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:

The injured worker is a 67-year-old male, who sustained an industrial injury on 10/7/1991. Diagnoses have included lumbar radiculitis. Treatment to date has included a home exercise program and medication. According to the progress report dated 6/9/2015, the injured worker complained of low back pain, right leg pain and burning in both calves. It was noted that oral pain medication and pump medication allowed a 50% improvement in function with activities of daily living. Objective findings revealed decreased range of motion of the lumbar spine and tenderness to palpation. Authorization was requested for Methadone and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #270: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #270 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 diagnosis is lumbar radiculitis. The date of injury is October 7, 1991. The earliest progress note in the medical record is dated January 19, 2015. Current medications include Methadone 10 mg three tablets three times per day; Percocet 10/325 mg one tablet every 4 to 6 hours; Restoril 30 mg one HS; pain pump with morphine sulfate 30 mg per ML and Bupivacaine 10 mg per ML. The morphine equivalent dose (MED) up but not to exceed 120 is considered normal. The MED based on methadone and Percocet is 360. This is not including the Morphine sulfate pump. According to a June 9, 2015 progress note, the injured worker presents for medication and pump refills. The injured worker states a 50% improvement with ADLs based on the current medication regimen. There are no VAS pain scores that change with and without medications. As noted in the guidelines above, Methadone is not without risk. The drug is complex and has multiple adverse effects including respiratory depression and adverse cardiac events. The injured worker has significant pain and limitations. Current medications include methadone Percocet and pain pump that administers morphine sulfate. The MED is 360 (up to 120 normal range). The utilization review provider-modified methadone #270 to #110. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, the markedly elevated MED (360) and lack of demonstrable objective functional improvement, Methadone 10 mg #270 is not medically necessary.