

Case Number:	CM15-0124759		
Date Assigned:	07/09/2015	Date of Injury:	12/31/1991
Decision Date:	09/01/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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 76 year old female, who sustained an industrial injury on December 31, 1991. The mechanism of injury was not provided. The injured worker has been treated for neck, bilateral shoulder, bilateral upper extremity, back and right lower extremity complaints. The diagnoses have included complex regional pain syndrome of the bilateral upper extremities and right lower extremity , bilateral carpal tunnel syndrome, bilateral median neuropathy, myofascial pain syndrome of the neck/bilateral shoulders/and thoracolumbar paravertebral muscles, low back pain, sleep disturbance, right subacromial and right subdeltoid bursitis and right knee arthritis. Treatment and evaluation to date has included medications, radiological studies, aqua therapy, psychotherapy, Orthovisc injections, lumbar paravertebral sympathetic blocks, left elbow surgery, left shoulder surgery, left carpal tunnel release surgery with revision and a lumbar laminectomy. Work status was noted to be permanent and stationary. Current documentation dated June 23, 2015 notes that the injured worker reported 8-9/10 burning neuropathic pain and allodynia of the bilateral upper extremities and right lower extremity and right knee arthralgia. The injured worker decreased her use of Methadone and notes a significant increase in pain and a 10 % decrease in function. Examination of the head and neck revealed myofascial spasm and tenderness. Axial compression test was negative. Cervical spine range of motion was decreased. Examination of the shoulders revealed tenderness bilaterally and a bilateral impingement sign was negative. Range of motion of the left shoulder was decreased. Bilateral upper extremity examination revealed mild allodynia and lateral and medial epicondylar tenderness on the left. Temperature coolness was noted of the fingers on the left. Tinel's sign was positive bilaterally. Examination of the lower extremities revealed marked allodynia of the right lower leg and right foot. Temperature coolness was noted in the toes on

the right. Moderate deep hyperalgesia was noted in the right knee. The treating physician's plan of care included a request for Methadone 10 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Methadone Page(s): 61-62, 91-97.

Decision rationale: Methadone is recommended as a second-line drug for moderate to severe pain, only 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. Genetic differences appear to influence how an individual will respond to this medication. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. Multiple potential drug-drug interactions can occur with the use of Methadone. This drug should be reserved for use by experienced practitioners, including pain medicine or addiction specialists. Methadone is considered useful for treatment when there is evidence of tolerance to other opiate agonists or when there is evidence of intractable side effects due to opiates. In this case, there is no documentation of objective functional benefit with prior medication use. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.