

Case Number:	CM15-0091543		
Date Assigned:	05/15/2015	Date of Injury:	06/07/2013
Decision Date:	06/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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
Certification(s)/Specialty: Emergency 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:

This is a 58 year old female with a June 7, 2013 date of injury. A progress note dated April 10, 2015 documents subjective findings (neck pain; pain with looking left and right; pain radiating to the bilateral upper extremities, objective findings moderate discomfort on palpation in the midcervical spine; neck pain with extension, looking left, and looking right) and current diagnoses (cervical spondylosis; cervical facet arthropathy). Treatments to date have included magnetic resonance imaging of the cervical spine (showed C4-C5 and C5-C6 degenerative disc disease, facet arthropathy, and foraminal narrowing), x-rays (showed spondylosis at C5-C6), physical therapy, and medications. The treating physician requested authorization for a prescription for methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids, criteria for use; Opioids for chronic pain Page(s): 61-62; 76-80; 80-82.

Decision rationale: The request is for methadone, a long-acting opioid that 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. The basic rules when prescribing methadone are: weigh the risks and benefits before prescribing methadone; avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction; closely monitor patients who receive methadone, especially during treatment initiation and dose adjustments. Utilization of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The final stage of opioid utilization is the maintenance phase. If pain worsens during this phase the differential to evaluate includes disease progression, increased activity, and/or new or increased pre-existing psychosocial factors that influence pain. In addition, the patient may develop hyperalgesia, tolerance, dependence or actual addiction. Furthermore, the MTUS guidelines suggest to discontinue opioids if there is no overall improvement in function. The documentation from the treating physician notes the injured worker to still have intractable pain despite ongoing therapy with methadone, with poor function of activities of daily living. The request is actually to increase the dosage of methadone. The documentation and the request to increase the dosage of methadone does not support the ongoing use of opioids for the treatment of chronic pain. The request as written is not supported by the MTUS and therefore is not medically necessary.