

Case Number:	CM15-0091739		
Date Assigned:	05/18/2015	Date of Injury:	03/17/2004
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 33 year old male who sustained an industrial injury on 3/17/04. The injured worker was diagnosed as having chronic back pain. Currently, the injured worker was with complaints of lower back pain. Previous treatments included home exercise program, medication management and a radiofrequency ablation. Previous diagnostic studies included a magnetic resonance imaging. The injured workers pain level was noted as 3/10 with medication and 8/10 without medication. Physical examination was notable for tenderness to paravertebral muscles as well as to the spinous process at L4 and L5. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hydrochloride 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 62-63 of 127 and Page 88 of 127.

Decision rationale: This claimant was injured now 11 years ago, and has chronic back pain. The pain is 3 out of 10 with medicine, and 8 out of 10 without. There is still tenderness to palpation. Objective functional improvement is not noted on the past Methadone usage. The MTUS notes that 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. (Clinical Pharmacology, 2008). Multiple potential drug-drug interactions can occur with the use of Methadone. Moreover, in regards to the long term use of opiates, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Further, it is not clear from the records that the Methadone used in this claimant is a second line drug, and the multiple drug-drug interactions had been addressed. Further, the MTUS issues in regards to long-term opiate usage is not addressed. The request was appropriately non-certified.