

Case Number:	CM15-0099639		
Date Assigned:	06/02/2015	Date of Injury:	06/15/2010
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old male, who sustained an industrial injury on June 15, 2010. The injury was noted to be from cumulative trauma while working for a plumbing company. The injured worker has been treated for neck, back and bilateral shoulder complaints. The diagnoses have included cervical degenerative disc disease, thoracic disc herniation, thoracic spine discogenic disease, chronic right upper thoracic pain, right shoulder rotator cuff disease, left shoulder pain and left shoulder impingement syndrome. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, epidural steroid injections and right shoulder surgery. Current documentation dated April 17, 2015 notes that the injured worker reported neck, back, low back and hip complaints. The pain was rated an eight out of ten on the visual analogue scale. The back pain was characterized as aching, burning, throbbing, worsening, pulsing, spasming and numbness. The injured worker was experiencing stiffness, numbness and radicular pain in the bilateral lower extremities. Cervical findings included back stiffness, radicular pain, numbness and tingling in the bilateral upper extremities. Weakness was noted in the right and left arm and upper back. The cervical spine pain increased with neck rotation. The treating physician's plan of care included a request for the medication Methadone 5 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5 mg #120: 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 Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to 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. (Clinical Pharmacology, 2008)." According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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." Methadone is a long acting opioid that should be used with caution when its benefit is superior to its risk. The patient still complain of moderate to severe pain despite the use of several pain medications including opioids. There is no clear evidence of patient compliance with his medications. In addition, there is no evidence that opioids have provided long-term functional improvement. Therefore, the request for Methadone 5mg #120 is not medically necessary.