

Case Number:	CM14-0140229		
Date Assigned:	09/10/2014	Date of Injury:	02/13/1995
Decision Date:	10/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 yr. old female claimant sustained a work injury on 2/13/95 involving the low back, neck and shoulders. She was diagnosed with lumbar degenerative disc disease, cervical disk disease with myelopathy and myositis. A progress note on 7/21/14 indicated the claimant had 5/10 pain. Exam findings were notable for decreased range of motion of the neck and back due to pain. There was tenderness in the paraspinal musculature and the gait was unsteady. The claimant had also been noted to be constipated. She had been on Methadone 10 mg - 8 times daily and Oxycodone 20 mg - 4 times daily. She had been on the above medications for over a year.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 20MG/ML QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a

trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for a year without significant improvement in pain or function. The claimant had also been on a combined morphine equivalent (Methadone and Oxycodone) of over 1gram per day. This exceeds the 120 mg recommended. The continued use of Oxycodone is not medically necessary.

METHADONE 10MG (DISPENSED 7/21/14) QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the 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 product is only FDA-approved for detoxification and maintenance of narcotic addiction. There was no indication the claimant was using Methadone for detoxification. The claimant had also been on a combined morphine equivalent (Methadone and Oxycodone) of over 1gram per day. This exceeds the 120 mg recommended. The continued use of Methadone is not medically necessary.