MAXIMUS Federal Services

Case Number:	CM14-0142010		
Date Assigned:	09/10/2014	Date of Injury:	11/17/2008
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/02/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

The patient is a 62-year-old male who sustained a work related injury on 11/17/2008 as a result of rear end motor vehicle accident (MVA). Since then he has developed persistent, intractable and severe neck pain and headaches with intermittent upper extremity numbness and tingling. His pain is 9-10/10 on the visual analog (VAS) pain scale without medication use and decreased to 5-6/10 with use of pain medication. His physical examination consists only of a generalized statement of physical presentation. The patient underwent a vertebral body fusion from C3 to C7 as part of cervical laminectomy procedure in 1997 that underwent a revision in 2002 after developing a pseudoarthrosis. This was exacerbated by his 2008 MVA. He has been on opioid pain medication for some time. The most distant medical documentation reports he utilized 60mg of Kadian, and then was switched to 16mg of long-acting Hydromorphone (Exalgo) in July of 2012 that was advanced to include an 8mg tablet, taken in the morning. He has utilized OxyContin and transdermal buprenorphine in the past. He has also used Topamax for neuropathic pain and Flexeril for muscle spasms. This reduced his pain from 8/10 to 3/10. He has had physical therapy, acupuncture and cervical epidural steroid injections in the past for care. The patient attempted a slow taper reduction in use of Exalgo with buprenorphine. However, in July of this year his adjustor no longer authorized the buprenorphine and the patient had significant difficulty coping with decreased functionality. The decision was made to attempt a different, cheaper medication. In dispute is a decision for Methadone HCL 5mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 93.

Decision rationale: Methadone (Dolophine, Methadose) oral dosage forms, generic available Analgesic dose: For moderate to severe pain the initial oral dose (opioid naive) is 2.5mg to 10mg every 8 to 12 hours. However, a smaller dosing interval (every 4 to 12 hours) may be needed to produce adequate pain relief. The patient has intractable, severe pain that requires medicinal treatment to allow for functionality at any capacity. When not on some form of long acting opioid pain medication, he has severe pain that ultimately leads to visitations to local emergency departments for care. Therefore the medication is medically necessary.