

Case Number:	CM13-0015387		
Date Assigned:	03/26/2014	Date of Injury:	05/10/2004
Decision Date:	05/02/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/22/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 10, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; prior cervical spine surgery; topical agents; and anxiolytic agents. In a Utilization Review Report of July 24, 2013, the claims administrator partially certified a request for methadone. The utilization review rationale was somewhat incongruous. In one section of the report, the claims administrator stated that the guideline does not support the usage of opioids for indefinite periods due to lack of proven functional benefit. In another section of the report, the claims administrator stated that methadone was reducing and minimizing the applicant's need for opioids. Methadone was reportedly modified or partially certified by the claims administrator. The applicant's attorney subsequently appealed. In a March 25, 2014 handwritten note, the attending provider seemingly discontinued Neurontin and Temazepam and restarted Elavil. The note was quite difficult to follow. In a February 27, 2014 progress note, the applicant is described as presenting with chronic neck, bilateral shoulder, and arm pain. The applicant is not feeling as depressed following introduction of Lexapro. Methadone continues to be well tolerated. Methadone is reportedly creating long-acting pain relief. The applicant nevertheless feels depressed and is limiting his abilities. His sleep is poor. Methadone, Valium, Dilaudid, and Celexa are endorsed while the applicant is described as "disabled." In an earlier note of January 30, 2014, the attending provider again wrote that the applicant was depressed, was lethargic, was unable to get moving, and was self-limiting abilities owing to his injury. The applicant's sleep is poor. The applicant nevertheless stated that Methadone was well tolerated for long acting pain relief but stated that Percocet was not providing the same degree of pain relief as it did in the past. The applicant was once again described as "disabled." Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Methadone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant has apparently been deemed disabled. There is no evidence that the applicant's ability to perform non-work activities of daily living has been ameliorated as a result of ongoing methadone usage. Continuing the same is not indicated, as the applicant's subjective reports of analgesia are outweighed by his failure to return to any form of work and his continued difficulty performing even basic activities of daily living, such as getting up and about and moving around. Therefore, the request is not certified, on Independent Medical Review.