MAXIMUS Federal Services

Case Number:	CM13-0025218		
Date Assigned:	11/20/2013	Date of Injury:	02/25/2011
Decision Date:	03/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, 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 physician 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:

This case involves a 54 year old male who was injured on 2/25/11. The patient was working as a psych tech supervisor at a state psychiatric hospital. He saw someone being attacked, and went to assist; later, he was struck on the back. The patient has a history of depression, panic attacks, hypertension, and migraine. The patient has experienced lumbar pain and intermittent right sciatica. The patient has been on methadone for pain since at least 12/27/11. The records indicate that the patient and his physician [redacted] have announced plans to taper methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

210 Methadone 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-76.

Decision rationale: Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. Opioids are recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury, with the most common example being pain

secondary to cancer). The records provided show evidence of an articulated plan by the patient and physician to wean the opiate regimen. This will require lowering the prescription below 210 tablets. As such, 210 tablets of methadone are not medically necessary per guidelines.

psychologist evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The patient has had extensive psychiatric symptoms including depression, and panic attacks. The Chronic Pain Medical Treatment Guidelines explain how crucial a psychological evaluation can be to coordinating effective treatment. A psychological evaluation is, per guidelines, medically necessary.