

Case Number:	CM13-0040561		
Date Assigned:	09/12/2014	Date of Injury:	11/21/1997
Decision Date:	10/20/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 injured worker is a 64 year old female who sustained an injury on 11/21/1997 due to cumulative trauma at work. The injured worker has been followed for chronic low back pain following a prior microdiscectomy performed in 1998 and again in 2010. The injured worker's prior medication history has included Norco, Cymbalta, Lyrica, and muscle relaxers. There were concerns regarding liver complications due to excessive Norco use. As of 10/11/13 the injured worker continued to report mild to moderate low back pain that was stable radiating to the left lower extremity. The injured worker was using Methadone at 10mg TID. The physical exam noted ttpin the lumbar spine with loss of range of motion. The injured worker indicated that Methadone was effective for the injured worker's pain. Recent urine drug screen were negative for opioids and positive for THC. The injured worker did have recent lab studies which were unremarkable. The requested Methadone was denied on 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill: methadone hcl 10mg qty# 90 with no refill: 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 Methadone Page(s): 61-62.

Decision rationale: In regards to the use of Methadone 10mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. Methadone is indicated as a 2nd to 3rd line option in the treatment of severe pain in patients who have failed other narcotic regiments. The injured worker had a 12 year history of Norco use without benefit. The injured worker was reported to have good benefit from Methadone; however, the reports did not indicate any specific functional improvement obtained with the use of this medication as recommended by guidelines. Furthermore, there were inconsistent results from urine drug screen noting negative findings for opioids and positive findings for THC. Given these findings, this reviewer would not have recommended this medication as medically necessary under guideline recommendations.