

Case Number:	CM13-0040616		
Date Assigned:	12/20/2013	Date of Injury:	08/22/2007
Decision Date:	01/31/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/10/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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:

██████████ is a 59 year old man who sustained a work related injury on August 22 2007. According to visit note of November 22 2013, the patient was complaining of lower back and left sciatic pain which substantially improved with epidural injection. However his pain exacerbated after a MVA on November 2 2013 in which he was T boned and suffered cervical strain and concussion. He was reported to have a pain rated 10/10. It was a sharp, throbbing, stabbing and aching pain. Hwe was on Methadone, Klonipin an Dilaudid. His physical examination showed lumbar spasm. No focal neurological examination was reported. He was diagnosed with lumbar radiculopathy as a new problem. The provider is requesting authorization to continue the use of Methadone for managing the patient pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE HCL 10MG #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, 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 medications. As an opioid, Methadone should be used in the context of a well established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continue to have severe pain despite the use of Methadone. Previously he has a substantial improvement with epidural injection, an alternative therapy to Methadone that was not considered. Furthermore, it appears that a multidisciplinary approach was not used in this patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone is not medically necessary.