

Case Number:	CM13-0044754		
Date Assigned:	12/27/2013	Date of Injury:	10/18/1989
Decision Date:	02/19/2014	UR Denial Date:	10/06/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with a date of injury on 10/18/1989. Based on the 7/16/13 progress report by [REDACTED], [REDACTED], the patient's diagnoses include: lumbosacral plexus lesions, myalgia and myositis not otherwise specified, post laminectomy syndrome - lumbar, and spasm of muscle. The patient continues with low back pain and bilateral lower extremity radicular pain. The exam findings include pain and difficulty in lumbar and thoracic regions. He shows kyphosis in thoracic and lumbar regions. There was significant pain and spasticity in the lumbar and lumbosacral regions. His pain with medications is 7-8/10 and without is 10/10. As well his activity level with medications is 2/10 and without is 0/10. The request is made for Methadone 10mg #180. The utilization review department has modified the request to include Methadone 10mg #120 for one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 & 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Section Page(s): 88-89.

Decision rationale: The patient has chronic pain and failed back/laminectomy syndrome. The 7/16/13 reporting from [REDACTED] shows the medications were decreasing the severe pain from 10/10 down to 8/10. The California MTUS states: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" There was decreased pain, and according to MTUS, this is a satisfactory response. The California MTUS does not require weaning or discontinuing pain medication if it is providing a satisfactory response. The use of Methadone is in accordance with MTUS guidelines.