

Case Number:	CM13-0047621		
Date Assigned:	12/27/2013	Date of Injury:	01/14/2004
Decision Date:	04/30/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 57-year-old female who reported an injury on 01/14/2004. The mechanism of injury was cumulative trauma. The patient's medication history revealed opiates for usage greater than 1 year. The documentation indicated that patient was denied Butrans for pain. As such, the request was made for methadone. The patient's diagnosis included lumbosacral spondylosis and carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR 30 TABLETS OF METHADONE 5MG BETWEEN 9/26/13 AND 11/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been on

opiates for greater than 1 year. There was a lack of documentation of an objective improvement in function, an objective decrease in the VAS score, and documentation of side effects. There was documentation indicating the patient was being monitored for aberrant drug behavior. Given the above, the request for a prescription for 30 tablets of methadone 5 mg between 09/26/2013 and 11/10/2013 is not medically necessary.