

Case Number:	CM13-0050089		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2007
Decision Date:	03/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/09/2013

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 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 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 36-year-old female who reported injury on 03/05/2007. The mechanism of injury was a student slamming a calculator on the patient's left hand. The diagnosis was noted to include complex regional pain syndrome in bilateral upper and lower extremities. The patient had a spinal cord stimulator implanted and the medications for the patient were methadone 5 mg, Levorphanol, Remeron, Neurontin, MiraLax, and Cymbalta. The patient had trialed and failed Oxycodone, Oxycodone ER, and Percocet. The patient noted pain had been managed with the use of the intrathecal pump and the oral medications. The physician opined there should be no current medication changes. The request was made for methadone 5 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section and Opioids Ongoing Management Section Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend Methadone as a second line drug treatment for moderate to severe pain if the potential benefit outweighs the risks. For ongoing management, there should be documentation of the 4 A's including analgesia, activities

of daily living, adverse side effects and monitoring for aberrant drug taking behavior. The clinical documentation submitted for review indicated the patient was currently taking Neurontin, Levorphanol, Methadone and had trialed and failed Oxycodone, Oxycodone ER, and Percocet. There was a lack of documentation of objective functional improvement with the medication, an objective decrease in the VAS core and monitoring for aberrant drug taking behavior. Given the above, the request for methadone 5 mg #120 is not medically necessary.