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| Case Number: | CM13-0051392 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/01/1999 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

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 Occupational 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 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 applicant has filed a claim for chronic neck, low back, and bilateral lower extremity pain reportedly associated with an industrial injury of May 1, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; blood pressure lowering medications; a cane; and extensive periods of time off of work. On October 4, 2013, the applicant was asked to obtain a lumbar MRI. The applicant was described as morbidly obese and in need of an open MRI facility. The applicant's medication list included methadone, Soma, lactulose, Fortesta, Coumadin, Tenormin, verapamil, and Zestoretic. The applicant is moving about with the aid of a cane. The applicant states that his high dosages of opioid medications are not controlling his pain. MRI imaging was endorsed for that reason. An inpatient detoxification program is also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 130 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Methadone, Opioids For Chronic Back Pain, Hydrocodone/Acetami.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue.

Decision rationale: Methadone is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant is described as unable to work by the treating provider. The applicant's pain complaints are seemingly heightened as opposed to reduced despite increasing dosage of opioid agents. Therefore, the request for additional methadone is not certified, for all of the stated reasons.