

Case Number:	CM13-0062520		
Date Assigned:	12/30/2013	Date of Injury:	09/01/2011
Decision Date:	04/04/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 medical history is significant for chronic neck, low back, shoulders and hand pain secondary to an injury sustained on July, 28 2007. The treatments provided include cervical fusion surgery, interventional pain injection procedures and medication management. The current opioid medications listed are Methadone 10mg quantity 300 per month, hydrocodone/APAP 10/325mg quantity 240 per month and tramadol 50mg quantity 300 per month taken concurrently. The patient was diagnosed with significant psychiatric disorder and social stressors by [REDACTED] who recommended a combination of Cognitive Behavioral treatment and psychiatric medications. In February 2012 [REDACTED] noted requests for escalating dosage of opioid medications as well as early refills. [REDACTED] NP for [REDACTED] noted significant increase in anxiety, panic attacks and decreased ADL when the dosage of methadone was decreased per Utilization Review recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: There is documentation of significant uncontrolled psychiatric conditions, demands for escalating dosage with early refills and non-compliance with adjuvant medications with non-detection of prescribed gabapentin in the UDS. There is no functional restoration despite the high-dose opioid therapy as indicated by loss of job and difficulty with self-care. Therefore, continued use of Methadone is not medically necessary.