

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0069310 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 03/05/2001 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 12/10/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 Internal 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 patient is a 55-year-old male who sustained a work-related injury on 3/5/01. Per the notes provided, there is no documentation as to the mechanism of injury other than that it occurred while working as a mechanic. His current issue is back pain. There is discussion of prior physical therapy and home stretching/exercise program that has slightly helped the patient. There is documentation of stable doses of Celebrex, Norco, and Methadone for pain control. Treatment of comorbid depression is discussed in the most recent notes and also the plan to wean down the dose of Methadone/opioids over time. The current request is for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Methadone 10mg: Overturned

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

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

Decision rationale: According to the records available, the patient has been on a combination of long-acting Methadone, with short-acting Norco for breakthrough. There is an attempt now at weaning Methadone. There have been no signs of abuse and urine drug screening is consistent

with prescribed medicine. The notes reflect improvements in pain scores while taking the prescribed medication. The goal, however, is to wean the patient down from the high doses he is on. As such, this is a very slow process as he has been on the medication prescribed for so long. The MTUS guidelines state chronic opioids can be used for pain control when the guidelines are met and documented. The records reflect that guidelines have been met, and the request for Methadone is certified.