

Case Number:	CM14-0000144		
Date Assigned:	01/10/2014	Date of Injury:	04/11/2007
Decision Date:	06/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in 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 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 injured worker is a 43 year old male who reported a low back injury on 04/11/2007; the mechanism of injury could not be found in the submitted documentation. Within the clinical note dated 08/20/2013 the injured worker reported low back pain rated 8/10 and described as a dull and achy pain. The injured workers pain was worsened with prolonged driving and standing. Within the clinical note dated 05/15/2013 it was noted the injured worker was prescribed Methadone 5mg every 6-8 hours and the reported pain was 10/10 with no relief or change from the previous exam. The request for authorization was submitted 09/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL METHADONE 5MG (METHADOSE) TABLET ONE TABLET EVERY SIX TO EIGHT HOURS #100 RX REFILL ZERO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone. Decision based on Non-MTUS Citation ODG TWC 2013 Pain, Opioids, Criteria for Use

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

Decision rationale: The request for Methadone 5mg 6-8 times daily is not medically necessary. The CA MTUS guidelines recognize four domains that have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Within the clinical exams there was a lack of documentation of an assessment of adverse effects. In addition, the clinical notes reported the injured worker reported high pain ratings; the limited documented pain assessments did not indicate whether the pain ratings were with or without medication. Lastly, the injured worker did not show significant objective signs of functional improvement while on the medication. Hence, the request is not medically necessary.