

Case Number:	CM14-0000785		
Date Assigned:	01/17/2014	Date of Injury:	08/14/1995
Decision Date:	05/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery 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 claimant is documented as having sustained an injury on August, 14 1995. The utilization review questions dated December 18, 2013, secondary to a denial for the prescription of 150 tablets of methadone 10 mg. The December 11, 2013 progress note indicates that the claimant returns for a refill of medications. The claimant is reported as using methadone for pain and indicates increased pain at 6/10 on this visit secondary to weather changes. The claimant is documented as having skin grafts on the lower extremity, and other documents provided indicate significant amount of wound care provided. A physical exam was not performed on this visit, and there is no reference to any diagnostic studies. The claimant is documented as taking five (5) of the 10 mg tablets every twelve (12) hours. The most recent physical exam performed, dated October 14, 2013, documents guarding with transfers and ambulation. There was mild to moderate edema of the lower extremities and limited range of motion of the low back secondary to pain. Tenderness to palpation is noted across the left knee and midline of the low back. The lower extremity strength on the left is diminished at 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

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

Decision rationale: The Chronic Pain Guidelines recommend the use of methadone as a second line agent for moderate to severe pain if the potential benefits outweigh the risks. The guidelines also note that the basic rules for prescribing this medication include avoiding prescribing over 40 mg of methadone for chronic non-malignant pain. Based on the clinical documentation provided, the claimant is using 50 mg twice daily for non-malignant pain. As such, in accordance with the guidelines, the requested medication is not certified.