

Case Number:	CM14-0001784		
Date Assigned:	01/22/2014	Date of Injury:	11/25/1998
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported an injury on 11/25/1998. The mechanism of injury provided was reported to be a fall. The clinical note dated 11/12/2013 reported the injured worker complained of increased pain. The injured worker reported he fell to the ground and sustained an injury to the left thorax. The injured worker reported his medications are tolerated well with no side effects. The injured worker was seen by the physician, who recommended the injured worker to be tapered off his medications. The injured worker complained of back pain which he described as aching. The injured worker rated the pain at an 8/10 with medication. The injured worker was prescribed Nexium, Soma, and Norco. On physical exam, the provider noted the injured worker to have painful midline and paraspinal muscles, painful paraspinal areas, wall tenderness, tender left para thoracic, tender left par lumbar, and tender right par lumbar. The injured worker was diagnosed with lumbago, low back pain. The provider requested 1 prescription of methadone 10 mg #270 with 1 refill. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF METHADONE 10 MG #270 WITH ONE (1) REFILL:

Upheld

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

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

Decision rationale: The request for 1 prescription of methadone 10 mg #270 with 1 refill is not medically necessary. The injured worker reported increased pain. The injured worker reported tolerating his medication with no side effects. The injured worker was seen by the physician who recommended the injured worker to be tapered off his medications. The injured worker complained of back pain which was described as aching. The injured worker rated his pain at an 8/10 with medications. The California MTUS Guidelines note that methadone is recommended as an option for treatment of chronic pain if the benefit outweighs the risks. Guidelines also note methadone is not recommended for long-term use without evidence of functional improvement or pain reduction. There was a lack of documentation indicating the injured worker had functional improvement. The injured worker complained of increased pain. Given the clinical information submitted including the lack of functional improvement documented, the request for the 1 prescription of methadone 10 mg #270 with 1 refill is not medically necessary.