

Case Number:	CM14-0008078		
Date Assigned:	02/12/2014	Date of Injury:	09/29/1997
Decision Date:	07/07/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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:

This is a 61-year-old male patient with a 9/29/97 date of injury. A 12/11/13 progress report indicated that the patient complained of constant back and neck pain rated 8/10. Physical exam demonstrated myalgia, muscle weakness, stiffness and arthralgia, markedly increased pain with flexion and extension in the lumbar region. Psychiatric analysis indicated that the patient complained of depression and anxiety. He was diagnosed with lower back pain, sciatica, post laminectomy syndrome and cervical pain. The patient experienced constipation secondary to medication. Urine drug screen was done on 11/12/13, which was consistent and positive for the prescribed drug. Treatment to date: Methadone 10 mg 4 tablets every 6h #480 since 3/15/2013 and Norco 10/325 mg 1-2 tablets every 6h, #200. There is documentation of a previous 1/10/14 adverse determination, based on the fact that 160 mg of methadone per day was an excessive dosage that would predispose to significant side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with a constant pain in the back and neck. He was prescribed Methadone and Norco since 5/2013. However, there was no ongoing assessment of efficacy. In addition, there was no weaning process initiated. Co-morbidities remain unaddressed in terms of narcotic management. It is also noted that the patient is prescribed Norco and Methadone, and #480 would exceed medical practice standards of care. Therefore, the request for METHADONE 10MG #480 was not medically necessary.