

Case Number:	CM14-0101847		
Date Assigned:	07/30/2014	Date of Injury:	12/01/2006
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 an unknown age male who reported an injury on 12/01/2006 due to an unknown mechanism. Diagnoses were chest wall pain, anterior, chronic back pain, and depression. Past treatment modalities were not reported. Diagnostic studies were not reported. Surgical history was exploratory thoracotomy, empyema, plural effusion, left thoracotomy, abscess drainage, and pleural decortication. Subjective complaints were not reported. There was no physical examination reported. Medications were ibuprofen, Lexapro, methadone, Norco, Prilosec, ProAir HFA, Wellbutrin SR, and Opened HFA. Treatment plan was to continue current medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Criteria/ Guidelines: Regarding Methadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Methadone.

Decision rationale: The request for Methadone HCL 10 mg quantity 120 is not medically necessary. The Official Disability Guidelines have set up steps for prescribing methadone. The drug should be used with caution in opioid patients due to the risk of life threatening hypoventilation. Inform the patient that they should not be tempted to take more methadone than prescribed due to the dangerous build up that can lead to death. The patients should be warned not to use alcohol, benzodiazepines, or other CNS depressants. Inform the patient of the potential adverse side effects of methadone. Due to the lack of information submitted for review and efficacy for this medication, the request is not medically necessary.