

Case Number:	CM14-0014266		
Date Assigned:	02/26/2014	Date of Injury:	11/29/2001
Decision Date:	07/24/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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:

The patient is a 49-year-old male who has submitted a claim for lumbago associated with an industrial injury date of November 29, 2001. Medical records from 2013 to 2014 were reviewed. The patient complains of low back pain radiating to the bilateral lower extremities and inguinal areas. He was also recently diagnosed with bilateral foot neuromas. Physical examination showed ambulation with assistance of a cane and a slight antalgic gait favoring the left lower extremity; and limitation of motion of the lumbar spine. The diagnoses were failed back syndrome, history of lower extremity radiculopathy, status post L5-S1 lumbar fusion secondary to severe spondylolisthesis, and left foot fifth metatarsal non-union fracture. Pain medications include Lyrica, Norco, Methadone, Cymbalta and Ibuprofen. Treatment plan includes a request for methadone refill. Treatment to date has included oral analgesics, low back injections, lumbar spine fusion, home H-wave and TENS. A utilization review from January 24, 2014 denied the request for methadone 10mg 14 tabs QD #630 because there was no data that the physician has been compliant with a narcotics agreement or urine toxicology test. There was also no data for non-pharmacologic therapy or alternative therapy with acupuncture or nerve block therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG 14 TABS QD #630: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: On-Going Management; Methadone Page(s): 61-62; page 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pages 61-62 states that methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. There should be close monitoring of patients who receive methadone. In this case, the patient has been on this medication since at least June 2013. A urine drug screen done on January 20, 2014 yielded consistent results. However, there is no objective evidence of overall pain improvement and functional benefits derived from its use. The MTUS Chronic Pain Guidelines recommends continuation of opioid treatment when pain relief and improvement in functional status is achieved. The medical necessity has not been established. As such, the request is not medically necessary and appropriate.