

Case Number:	CM14-0014267		
Date Assigned:	02/26/2014	Date of Injury:	04/11/2007
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
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 43-year-old male who has submitted a claim for lumbago associated with an industrial injury date of April 11, 2007. Medical records from 2013 were reviewed. The patient complained of low back pain radiating to the right lower extremity associated with tingling and numbness up to the right foot. Physical examination showed spasm of the lumbar paraspinal muscles; positive straight leg raise on the right low back; and dysesthesia to light touch in the right L5 dermatome. The diagnoses were low back pain, lumbar and sacral osteoarthritis and sciatica. Treatment plan includes a request for methadone refill. Treatment to date has included oral and topical analgesics and home exercises. Utilization review from January 28, 2014 modified the request for methadone 5mg (Methadose) tablet, 5mg #90 with one refill for the purpose of weaning to discontinue, with a reduction of MED by 10-20% per month over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 5MG (METHADOSE) TABLET, 5MG #90 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Side Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Weaning of Medications Page(s): 79 page 124.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines recommends the weaning of opioids as a slow taper. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. In this case, the patient has been on methadone as far back as June 2013. However, there was no evidence of overall pain and relief and functional improvement derived from its use. Therefore, the request is not medically necessary.