

Case Number:	CM14-0016671		
Date Assigned:	04/11/2014	Date of Injury:	02/25/2001
Decision Date:	08/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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 a 48-year-old female who reported an injury on 02/25/2001. The mechanism of injury was reported from a bed giving away and falling on her left foot. Her diagnoses include radiculopathy, spinal stenosis and unspecified drug dependency. Her past treatments included medications, injection, and a brace. Her surgical history included an L5-S1 fusion. Per the 12/13/2013 clinical note, the injured worker continued to report low back pain and right lower extremity pain. She rated her pain at 0/10 to 9/10. She reported the pain was greater on the right side radiating down to her right lower extremity with numbness and tingling. On physical examination, the physician reported she had full strength in both lower extremities with positive straight leg raise on the right side. Her medications listed at this visit included Topamax 25 mg, pantoprazole 20 mg, Cymbalta 30 mg, cyclobenzaprine 7.5 mg, fentanyl patch, and Actiq. The physician instructed the injured worker to continue on her current medication regimen and he provided refill prescription for Actiq 400 mcg. The current request is for methadone 10 mg tab 1 tab 4 times daily. The rationale for the request was not provided. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG TAB ONE TAB FOUR TIMES DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 61-62.

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

Decision rationale: The request for methadone 10 mg tab 1 tab 4 times daily is non-certified. According to the California MTUS Guidelines, methadone is only recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk due to the severe morbidity and mortality with this medication. The clinical documentation provided failed to provide a recent clinical note to indicate that the patient was taking methadone 10 mg 1 tablet 4 times daily, and that the benefit of use outweighed the risk. Therefore, as there were no recent clinical documents submitted for review to indicate the injured worker is on methadone 10 mg, the request would not be supported. In addition, the request failed to indicate a quantity. As such, the request for methadone 10 mg tab 1 tab 4 times daily is non-certified.