

Case Number:	CM14-0110505		
Date Assigned:	08/01/2014	Date of Injury:	04/16/2001
Decision Date:	10/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, Kentucky and 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 injured worker is a 60 year old male who sustained an injury on 04/16/01 while lifting boxes. The injured worker sustained an injury to the left shoulder and left upper extremity. The injured worker is status post left shoulder rotator cuff repair and left ulnar nerve transposition. As of 05/19/14 noted ongoing bilateral shoulder pain. The injured worker's physical exam findings noted no loss of range of motion. There was a discussion regarding possible medication tapering. The injured worker was seen on 06/16/14 with continued complaints of pain in the left upper extremity with medications at 6/10. Without medications the injured worker's pain was 9/10. The injured worker was utilizing multiple narcotic medications to include Percocet 10/325 at three time per day and methadone 10mg, up to 6 max per day. The injured worker's physical exam noted tenderness to palpation in the left shoulder with no loss of range of motion. The requested methadone was denied on 06/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg 2 tabs tid max 6/day #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 86.

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

Decision rationale: In regards to the use of Methadone 10mg quantity 180, based on the clinical documentation provided for review and current evidence based guideline recommendations, the request is not medically necessary. From the clinical documentation provided for review, the injured worker is substantially exceed guideline recommendations regarding the maximum amount of narcotics used on a daily basis set at 100mg MED per day. As of June 2014 the injured worker was at 705mg MED per day. The injured worker is also exceed the maximum amount of methadone recommended which places him at a risk of cardiac complications. There is no indication of any weaning taking place which would be indicated. Therefore this request is not medically necessary.