MAXIMUS Federal Services

Case Number:	CM14-0120680		
Date Assigned:	09/16/2014	Date of Injury:	12/13/1999
Decision Date:	10/21/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 60-year-old male was reportedly injured on 12/13/1999. The mechanism of injury was noted as bending and lifting. The claimant underwent an anterior cervical discectomy and fusion (ACDF) at C5-C6 in November 2004. The most recent progress notes, dated 7/8/2014 and 8/5/2014, indicated that there were ongoing complaints of neck and right upper extremity pain. Physical examination demonstrated decreased cervical spine range of motion with pain. The left shoulder has full range of motion and right shoulder has abduction 120 degrees due to pain. Motor examination strength was 4/5 abductor pollicis brevis in the left hand and 5/5 in the right hand, 4/5 right grip and 4/4 left grip. The patient was able to make a fist. There was decreased sensation to the left thumb. The patient ambulated slowly with a cane. No recent diagnostic imaging studies available for review. Urine Drug Screen (UDS), dated 6/10/2014, was positive for tramadol, methadone, carisoprodol, meprobamate, hydrocodone, hydromorphone and norhydrocodone. Previous treatment included methadone and Zanaflex. A request had been made for Methadone 10 mg #180, which was denied in the utilization review on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS guidelines support methadone as a second-line medication for moderate to severe pain when the benefits outweigh the risks due to the severe morbidity and mortality associated with its use. There are a number of basic rules that must be met when prescribing methadone as outlined in the guidelines. Review of the available medical records indicates the claimant has chronic neck pain since a work related injury in 1999 and s/p anterior cervical discectomy and fusion (ACDF) in 2004. The clinician states the patient works productively at a hardware store with medication, but he has difficulty driving a forklift at work due to his neck pain. The guidelines specifically recommend against operating motor vehicles while taking methadone. Lastly, a Urine Drug Screen (UDS), dated 6/10/2014, was positive for methadone and several other controlled substances. As such, this request is not considered medically necessary.