

Case Number:	CM14-0125904		
Date Assigned:	08/13/2014	Date of Injury:	11/22/2004
Decision Date:	09/11/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/08/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 32-year-old gentleman who was injured in a work-related accident on 11/22/04. The records indicate low back injury for which the claimant is now status post an L4-5 and L5-S1 anterior posterior fusion on 1/23/11 followed by continued complaints of pain in the post-operative setting. The clinical records available for review include a 5/30/14 progress report that indicated that the claimant had undergone facet joint injections at multiple levels. The injections provided temporary relief and he continues to wean from dose of Methadone. It states that he is down from six pills per day to two pills per day at this time. There is a follow up assessment dated 6/18/14 indicating that the claimant continues to wean from Methadone with weaning period that had been previously planned upon. A 7/29/14 progress report indicates that the claimant continues to wean from Methadone with purpose of complete removal. There is no documentation of specific physical exam findings or recent imaging. There is a current request for 150 Methadone tablets to be prescribed for this individual given his current clinical presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued Methadone would not be indicated. The records dating back four months indicate that this individual has been undergoing significant weaning period of Methadone. At present, this individual is nearly off of the agent with no indication for continued use of prescription in this case to include 150 10 mg. tablets. Given the claimant's current clinical presentation and prior treatment plan of complete removal of the above agent dating back several months, the continued use of this agent is not medically necessary.