

Case Number:	CM14-0128210		
Date Assigned:	08/15/2014	Date of Injury:	08/25/1997
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 49-year-old female who reported an injury on 08/25/1997. The mechanism of injury reportedly was a lifting injury. The diagnoses included lumbago, degeneration of lumbar disc, pain in limb, lumbosacral radiculitis. Previous treatments included medication. Within the clinical note dated 07/28/2014, it was reported the injured worker complained of low back pain, bilateral leg pain. Upon the physical examination, the provider noted the range of motion was flexion at fingertips to 24 inches from the floor and extension at 0 degrees. The provider noted the injured worker had tenderness in the paravertebral muscles of the lumbar spine. The request submitted is for methadone. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #360 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids, long-term assessment Criteria for the use of Opioids Page(s): 88, 78, 80, 81, 82, 86-87, 124, 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. In this case, the provider failed to document an adequate and complete pain assessment within the documentation. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for methadone 10 mg #360 with 3 refills is not medically necessary.