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| Case Number: | CM14-0023918 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 10/03/2003 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 66 year old male with a date of injury on 10/3/2003. Diagnoses include acquired spondylolisthesis, chronic pain syndrome, lumbar post-laminectomy syndrome, spinal stenosis, depressive disorder, and shoulder joint pain. Subjective complaints are of bilateral hip pain that was noted to be controlled on methadone therapy. Physical exam shows an antalgic gait and pain in the hips with internal rotation. Medications include methadone 10mg, twice a day, and omeprazole. Other treatment modalities include physical therapy. Documentation indicates that medication has been taken appropriately, and increases the patient's functional levels without adverse effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 5 MG #150 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE, OPIOIDS Page(s): 61, 74-96.

Decision rationale: The California Chronic Pain guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. For this patient,

moderate to severe pain is present and has been responding well to the ongoing use of methadone. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.