

Case Number:	CM14-0024774		
Date Assigned:	06/13/2014	Date of Injury:	06/12/1996
Decision Date:	08/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 06/12/1996. The mechanism of injury was not provided for clinical review. The diagnoses included post laminectomy syndrome of the lumbar spine and residual instability with spondylolisthesis. Previous treatments included physical therapy and medications. Within the clinical note dated 02/10/2014, it was reported the injured worker complained of low back pain and bilateral leg pain. She described the pain as throbbing, aching, and piercing. She rated her back pain 10/10 in severity and leg pain 9/10 in severity. Upon the physical examination, the provider noted the injured worker stands with some flexion bias. The provider noted her gait was somewhat antalgic. The injured worker utilized a cane for balance. The provider requested methadone 10 mg. The rationale was not provided for clinical review. The request for medical necessity was submitted on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10 MG TAB, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

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

Decision rationale: The request for Methadone 10 MG TAB, #360 is not medically necessary. The injured worker complained of low back pain and bilateral leg pain. The described her pain as throbbing, aching, and piercing. The injured worker complained her pain went throughout her low back and into both legs. She rated her back pain 10/10 in severity and her leg pain 9/10 in severity. The California MTUS Guidelines recommend ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines recommend the use of a urine drug screen with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 01/2012. The request submitted failed to provide the frequency of the medication. Therefore, the request for Methadone 10 MG TAB, #360 is not medically necessary.