

<b>Case Number:</b>	CM14-0025961		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Minnesota. 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 male who reported an injury on 05/04/2001 due to an unspecified mechanism of injury. On 02/13/2014 it was noted that he was at risk for narcotic withdrawal because of little money to pay for OxyContin. The requesting physician stated that a prescription for Methadone 5mg 3 times a day would be written to help cover the injured worker until he was able to get OxyContin. His diagnoses included chronic venostasis disease in the left lower extremity. He was taking OxyContin 40mg four times a day. The request for authorization form was not included for review. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **90 TABLETS OF METHADONE 5 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** It was noted that the injured worker was unable to obtain OxyContin, putting him at risk for withdrawal. Per the California MTUS Guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit

outweighs the risk. There were no subjective complaints of pain noted in the documentation provided. In addition, the rationale for the prescription of methadone was not provided. Furthermore, it is unclear the reasoning behind prescribing methadone rather than weaning the injured worker from the OxyContin with a lower dose. Also, the frequency of the medication was not stated in the request. The documentation provided lacks the necessary information to warrant the use of methadone. Therefore, the request is not medically necessary.