

Case Number:	CM14-0027805		
Date Assigned:	06/13/2014	Date of Injury:	06/15/2004
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/03/2014

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 California and Nevada. 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 53 year old male who sustained an injury on 06/15/04 while carrying a heavy object. The injured worker developed injury to the low back with the development of severe low back pain. The injured worker was followed for ongoing chronic low back pain rating 10/10 on the Visual Analogue Scale (VAS). The injured worker had several inconsistent urine drug screen findings for Tetrahydrocannabinol and alcohol. Per clinical record from a different treating physician from the initial treating physician on 01/22/14 the injured worker continued to report severe 10/10 low back pain. The injured worker had an extensive drinking habit of up to four quarts per day. Physical examination noted limited range of motion in the neck and low back. There was tenderness to palpation with positive straight leg raise reported to the left at 25 degrees and to the right at 45 degrees. The injured worker was prescribed methadone 10mg twice daily at this visit in addition to Celexa Motrin and Prilosec. Follow up on 02/05/14 noted continuing pain 9/10 on VAS as the injured worker had not received prescribed medications. The injured worker returned on 03/05/14 with ongoing complaints of pain 10/10 on VAS. The injured worker indicated that with medications his pain reduced to 7/10 on VAS. The injured worker described gastric side effects from medications and teeth discoloration. Physical examination remained essentially unchanged. There was a referral to an orthodontist at this visit and methadone was continued at this visit. The injured worker was prescribed tramadol 50mg twice daily. The most recent evaluation on the injured worker was seen again on 04/02/14. The injured worker felt that his pain scores were manageable with current medications however his pain was somewhat uncontrolled at times. Physical examination findings remained unchanged. A sample for urine toxicology was obtained at this visit. Follow up on 04/30/14 noted continuing complaints of pain 9-10/10 on Visual Analogue Scale (VAS). Methadone was continued at this visit. No specific physical examination findings

were identified. The requested methadone 10mg #60 was denied by utilization review on an unspecified date.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10 MG 1 ORALLY TWICE A DAY QUANTITY 60: 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: The request for methadone 10mg #60 would not be recommended as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The clinical documentation submitted for review did not meet guideline recommendations regarding prescription for methadone. There was no clear indication from the clinical records that methadone resulted in any substantial functional improvement or pain reduction in the complaints of low back pain. There was no assessment regarding possible side effects from methadone using Electrocardiogram (EKG) or liver function testing. The injured worker had several inconsistent prior drug screens for alcohol and Tetrahydrocannabinol (THC). The injured worker had an extensive drinking habit when methadone was prescribed by treating physician in 01/14. This was never discussed in the clinical records. Given the limited clinical evidence regarding efficacy of methadone for this injured worker, and the noted contraindications for narcotic medications including extensive drinking habit, it is the opinion of this reviewer that medical necessity for this request was not established.