

Case Number:	CM14-0037314		
Date Assigned:	06/25/2014	Date of Injury:	01/25/2002
Decision Date:	08/27/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 and is licensed to practice in 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on January 25, 2002. The mechanism of injury was noted as a trip and fall over a floor mat. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated no red flags or other concerning neurological findings. Diagnostic imaging studies of the cervical spine revealed a central disc protrusion at C3-C4 and degenerative disc bulging at C4-C5 and C6-C7. There was also a left lateral disc herniation at C5-C6. Nerve conduction studies revealed a right sided C5 through C7 radiculitis. Previous treatment included physical therapy, home traction, epidural steroid injections, and the use of a transcutaneous electrical nerve stimulation (TENS) unit. A request had been made for methadone and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg tablet 30 QTY 120 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 61-62.

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication and it is to be used with caution with those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. According to the attached medical record, there was no documentation that the injured employee has objectively decreased pain and increased ability to function and perform activities of daily living with the use of this medication. Therefore, the request for Methadone 10 mg tablet 30 qty: 120 is not medically necessary and appropriate.