

Case Number:	CM14-0046093		
Date Assigned:	07/02/2014	Date of Injury:	08/07/2003
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Practice and is licensed to practice in California. 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:

A 46 yr. old female claimant sustained a work injury on 7/11/2000 and 8/7/03 involving the neck, back jaw and teeth. She was diagnosed with Temporomandibular Joint Dysfunction (TMJ), cervical strain, lumbar strain with radiculopathy and migraine headaches. She had additional diagnoses of anxiety disorder, depression and posttraumatic stress disorder. She had been treated with opioid medications and benzodiazepines for several years. She had undergone psychotherapy and used antidepressants. She had undergone teeth extractions and implants. A progress note on March 20, 2014 indicated the claimant had been on Norco, Soma, MSContin and methadone for pain. At the time she was taking 10 mg of methadone every eight hours. Her pain level was 9/10 and getting worse.. She was recommended not to return to work. The MS Contin was no longer being covered by the insurance. A progress note 1 month later noted she was back on MSContin 100 mg along with Norco and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #77: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Methadone, and Opioids Page(s): 61, 82-92.

Decision rationale: According to the MTUS guidelines, Methadone is FDA approved for detoxification and maintenance of narcotic addiction. It is recommended as a second line drug for moderate to severe pain. Methadone is an opioid. The claimant had been on two other opioids- Norco and MSContin. No one opioid is proven superior to another. The claimant's pain was not controlled on 3 opioids including Methadone. There is no indication addiction or intoxication. The claimant had been on a short course of Methadone. Indications for this course have not been specified. Methadone as prescribed above is not medically necessary.