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| Case Number: | CM14-0050693 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 11/02/2004 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/10/2014 |
| Priority: | Standard | Application Received: | 03/22/2014 |

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 : American Board of Orthopaedic Surgery 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:

The injured worker is a 48-year old male injured on November 2, 2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 3, 2014, indicated that there were ongoing complaints of neck and lower back pains. Current medications included Methadone, Trazodone and Flexeril. The physical examination demonstrated limited thoracic and lumbar spine range of motion and tenderness along the cervical spine paravertebral muscles. The treatment plan consisted of prescriptions of Methadone, Trazodone and Flexeril. A request had been made for Methadone and was not certified in the pre-authorization process on March 10, 2014.

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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Criteria for use of opioids: 4) On-going management -and- 6) when to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 79 OF 127.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines and prior medical records although there was stated efficacy of Methadone, the injured employee's pain levels appear to be unchanged. On May 1, 2013, the stated Methadone did not provide adequate pain relief. The most recent progress note, dated March 3, 2014, did not attribute any efficacy to Methadone. For these reasons, therefore, prescription of Methadone 10mg #120 is not medically necessary.