

Case Number:	CM14-0068385		
Date Assigned:	07/14/2014	Date of Injury:	12/19/1995
Decision Date:	09/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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 Geriatrics and is licensed to practice in New York. 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 61 year old woman with a date of injury of 12/19/95. She was seen by her physician on 4/3/14 with complaints of headache, neck and mid/low back pain. She is status post 3 cervical spine surgeries with fusion from C3 - T2. She denied medication side effects and stated that they reduce pain and improve function. Her current pain was 9/10. Her medications included methadone, norco, ibuprofen, trazadone, omeprazole, cymbalta and lyrica. Her physical exam showed she was in no distress with euthymic mood and affect. Her diagnoses included postlaminectomy cervical region syndrome, long-term use of other medications, cervical spondylosi without myelopathy, myalgia and myositis, carpal tunnel syndrome and brachial neuritis or radiculitis. At issue in the review is the refill of methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Methodone and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This injured worker is a 61 year old woman with chronic headache, neck and mid/low back pain. Her medical course has included numerous diagnostic and treatment

modalities including surgery and long-term use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 4/14 fails to document any objective improvement in pain (still 9/10) or functional status to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of methadone is not substantiated in the records.