

Case Number:	CM14-0072098		
Date Assigned:	07/16/2014	Date of Injury:	12/16/2005
Decision Date:	08/28/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 and 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 injured worker is a 56-year-old male who was reportedly injured on December 16, 2005. The mechanism of injury is noted as the onset of low back pain while chasing somebody. The most recent progress note dated June 18, 2014, indicates that the injured employee stated he was following up for refills of medication. No focused physical examination was performed. Diagnostic imaging study results were not supplied. Previous treatment includes a home exercise. A request was made for methadone and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10MG, 240 count.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines methadone 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. This medication is used with caution and those

people with decreased respiratory reserve (asthma, chronic obstructive pulmonary disease, sleep apnea, severe obesity). There are a number of basic rules that must be met when prescribing this medication, as outlined in the (CAMTUS). The medical record does not indicate that there has been any failure of any first line medications nor is there any objective pain relief with a visual analog scale score or documented ability of improved function and ability to perform activities of daily living with methadone usage. For these multiple reasons this request for methadone is not medically necessary.