

Case Number:	CM14-0072872		
Date Assigned:	07/16/2014	Date of Injury:	04/13/2000
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This case involves a 66 year old male with date of injury of 04/13/2000. The mechanism of injury is not stated in the available medical records. The injured worker has complained of chronic lower back pain with radiation of pain to the left lower extremity since the date of injury. His treatment includes physical therapy and medications. He has a history of a non-industrial related Whipple surgery for treatment of biliary cancer. There are no radiographic reports included for review. Objective findings are decreased range of motion of the lumbar spine, positive straight leg raise bilaterally, and decreased sensation in the left lateral calf. Diagnoses include lumbar sprain, lumbar spine radiculopathy, and biliary cancer. Treatment plan and request is for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 66 year old male has complained of chronic lower back pain with radiation of pain to the left lower extremity since date of injury 4/13/2000. He has been treated with physical therapy and medications to include opioids since at least 10/2013. The current request is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids. The MTUS guidelines recommends prescribing opioids according to function, with specific functional goals such as, return to work plan, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, the request for Methadone is not medically necessary.