

Case Number:	CM14-0080011		
Date Assigned:	07/18/2014	Date of Injury:	01/08/2001
Decision Date:	08/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 44-year-old male who reported an injury on 01/08/2001. The mechanism of injury was not provided. On 05/05/2014, the injured worker presented with pain in the bilateral low back, bilateral lower extremity into the soles of the feet with associated numbness in the bilateral lower extremities with tingling. Prior medications included Celexa and methadone. Upon examination, the injured worker had pain in the low back with radiation into the bilateral lower extremities and increased pain from the last visit. The diagnoses were depressive disorder and lumbar post laminectomy syndrome. The provider recommended methadone 10 mg with a quantity of 180; the provider's rationale was not provided. The Request for Authorization form was dated 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg. # 180 (30 day course) not to be refilled until 6/02/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The California MTUS recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half life of the drug. The provided documentation states that the injured worker has been prescribed methadone; however, the efficacy of the medication was not provided. Additionally, the provider's request for methadone does not indicate the frequency of the medication in the request as submitted. As such, the request for Methadone 10 mg. #180 (30 day course) not to be refilled until 6/02/14 is not medically necessary and appropriate.