

Case Number:	CM14-0096750		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2003
Decision Date:	10/08/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 2003. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; multiple lumbar spine surgeries; opioid therapy; acupuncture treatment; and manipulative therapy. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for Methadone. The applicant's attorney subsequently appealed. In an applicant questionnaire dated November 22, 2013, the applicant acknowledged that he was not working and stated that he had not formulated any plan to return to work. In an applicant questionnaire dated April 11, 2014, the applicant again acknowledged that he was not able to work owing to pain, poor sleep, and inability to think. The applicant stated that he was under significant financial constraints. In a progress note of the same date, April 11, 2014, the applicant reported 8-10/10 pain, unchanged. Limited range of motion was noted. The applicant stated that he was "doing what he can." The applicant apparently stated that he was trying to do home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has failed to achieve any tangible decrement in pain or material improvement in function as a result of ongoing Methadone usage. The applicant continues to report pain as high as 8-10/10, despite ongoing usage of Methadone. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.