

Case Number:	CM14-0184449		
Date Assigned:	11/12/2014	Date of Injury:	06/12/2009
Decision Date:	01/02/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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 Emergency 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 injured worker is a 66 year-old female, who sustained an injury on June 12, 2009. The mechanism of injury is not noted. Diagnostics have included: CT scan of lumbar spine 7/17/09 showing a stable postoperative fusion at L4-5 with degenerative disc disease at L5-S1; MRI of lumbar spine 7/17/09 showing status-post laminectomy, discectomy, and spinal fusion L4-5. Treatments have included: Medications; subacromial injection; epidural steroid injections, cervical and lumbar. The current diagnoses are: Post-laminectomy syndrome, cervical spine, status-post left C5-6 foraminotomy; post-laminectomy syndrome, lumbar spine, status-post L4-5 fusion; shoulder joint pain, status-post left shoulder arthroscopy. The stated purpose of the request for Methadone HCL 5 mg #43 was to provide breakthrough pain relief as the injured worker continued to be symptomatic while using Norco. The request for Methadone HCL 5 mg #43 was denied on October 23, 2014, citing the rationale that there is no clear reason for escalating opioids in this injured worker and long acting opioids are more likely to lead to tolerance and dependency. Per the appeal report dated October 27, 2014, the treating physician noted that the injured worker continues to have chronic neck, left upper extremity, back, and left lower extremity pain. The injured worker uses Norco for pain relief. Since many of the medications have been denied, Methadone was requested as this is a long acting narcotic. Objective findings included decreased range of motion of the neck and an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5 MG #43: Upheld

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

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

Decision rationale: The requested Methadone HCL 5 mg #43 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, page 61, recommends this medication 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. The injured workers has chronic neck, left upper extremity, back, and left lower extremity pain. The treating physician has documented ongoing symptoms despite taking Norco. The treating physician has not documented failed trials of other first-line opiates or duration of treatment of other first-line opiates. The criteria noted above not having been met, Methadone HCL 5 mg #43 is not medically necessary.