

Case Number:	CM14-0190630		
Date Assigned:	11/25/2014	Date of Injury:	11/09/2009
Decision Date:	12/21/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 9, 2009. In a Utilization Review report dated October 16, 2014, the claims administrator failed to approve a request for methadone. The claims administrator referenced an October 10, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On a progress note dated September 12, 2014 and signed October 10, 2014, the applicant reported ongoing issues with low back and hip pain, exacerbated by standing and walking. The attending provider stated that the applicant's medications were producing slight increase in activity. Methadone, Gralise, and Motrin were seemingly renewed. X-rays of the hip were sought. Additional physical therapy was sought. The applicant was given work restrictions imposed by a Qualified Medical Evaluator (QME). The treating provider suggested (but did not clearly state) that the applicant was not, in fact, working with said limitation in place. The treating provider did, however, suggest in portions of the note that the applicant had made a prior attempt to return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg (unspecified Amount): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, it did not appear that the applicant was working with limitations in place as of the September 12, 2014 office visit at issue, although this was not explicitly stated. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to clearly recount the applicant's work status, and the attending provider's commentary on September 12, 2014 to the effect that the applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing opioid usage. Therefore, the request was not medically necessary.