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| Case Number: | CM14-0190780 | | |
| Date Assigned: | 11/24/2014 | Date of Injury: | 11/09/2009 |
| Decision Date: | 12/08/2015 | 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 injured worker is a 31 year old male, who sustained an industrial injury on 11-09-2009. The injured worker was diagnosed as having chronic low back pain, lumbar facetar arthritis, right sacroiliitis, possibly of lumbar radiculopathy and myofascial pain. On medical records dated 08-14-2014 and 09-14-2014, the subjective complaints were noted as low back and hip pain. Pain was noted 7-8 out of 10. Objective findings were noted as tenderness and spasms in the lumbar paraspinal muscle, stiffness in facet joint, and tenderness in the right posterior hip with SI region. Treatments to date included medications, and exercise at the gym. The injured worker was noted to be able to return to modified work. Current medications were listed as methadone 10mg, Methadone 5mg (since at least 03-2014), Gralise 600mg, and Ibuprofen. The Utilization Review (UR) was dated 10-16-2014. A Request for Authorization was dated 10-13-2014. The UR submitted for this medical review indicated that the request for Methadone 5 mg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Methadone 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Opioids/medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was on Methadone for over a year. Tricyclic or weaning failure was not noted. The claimant was on long and short acting Methadone. As a result, continued and long-term use of Methadone is not medically necessary.