

Case Number:	CM14-0194686		
Date Assigned:	12/02/2014	Date of Injury:	09/20/1991
Decision Date:	01/14/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 9/21/1991. Her diagnoses include low back pain, degenerative disc disease, chronic pain syndrome and kyphoscoliosis. She is rated permanently disabled. Current treatments include methadone, oxycontin, Prevacid, fluoxetine, Lamictal and acupuncture. The current request is for methadone 10 mg #60. The original UR decision modified this request to methadone 10 mg # 40, citing previous UR decisions on 3/6/14 and 7/3/14 to continue weaning methadone because there were no documented functional benefits from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as methadone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional

improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not document improved function from the use of methadone. There is documentation of a slow wean from methadone over the past several years from as many as #330 a month to #150 a month in September of 2013 and to #60 by 3/6/14. However, there has been no further weaning since that time and no documentation of any functional benefit from the methadone. The original UR review for this request modified the request to methadone 10 mg #40. Regarding the request for Methadone 10 mg #60, this is not medically necessary.