

Case Number:	CM15-0008935		
Date Assigned:	01/26/2015	Date of Injury:	05/07/2010
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 05/04/2010 due to an pulling a piece of paper out of a machine. On 11/26/2014 he presented for a followup evaluation. He reported chronic low back pain and was noted to have postlaminectomy syndrome. He rated his pain at a 4/10, and reported that he was able to perform small projects at home and perform basic activities of daily living with the use of his medications. He reported that his level of pain would decrease from an 8/10 to a 5/10 to 6/10 with the use of methadone, and noted that his pain averaged from a 6/10 to a 4/10 with his medications. A physical examination showed that he had no aberrant behavior and he was cognitively intact in responding appropriately to questions. Spinal movements were noted to be functional, and he had a negative straight leg raise bilaterally. He was diagnosed with lumbago, thoracic lumbosacral neuritis or radiculitis unspecified, and thoracic sprain/strain. The treatment plan was for methadone 10 mg 1 tab every 8 hours #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg 1 Tab Every 8 Hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during narcotic and opioid therapy. It is stated that the morphine equivalence dosage should not exceed 120 mg per day. The injured worker's calculated morphine equivalence dosage was 240 MED. This exceeds the guidelines recommendations and would not be supported. Also, no official urine drug screens or CURES reports were provided for review to validate compliance. Therefore, the request is not supported. As such, the request is not medically necessary.