

Case Number:	CM15-0010410		
Date Assigned:	01/28/2015	Date of Injury:	09/01/2009
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/19/2015

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: 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:

The injured worker is a 54-year-old male patient, who sustained an industrial injury on 09/01/2009. A primary treating office visit dated 11/18/2014 reported the following diagnoses applied; chronic pain, depression, nasal congestion, adjustment disorder, pain in joint shoulder and disturbance of skin sensation. He was denied aqua therapy. The plan of care involved adjusting Methadone dosing to half and psychological follow up. He is to remain off work duty with follow up on 01/27/2015. On 12/23/2014 Utilization Review non-certified a request for Methadone 10 mg noting the CA MTUS Chronic Pain, Methadone was cited. The injured worker submitted an application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 93, 78-80, and 124.

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

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. There are many other options for chronic pain control. As a result, the use of Methadone is not medically necessary.