

Case Number:	CM15-0130568		
Date Assigned:	07/17/2015	Date of Injury:	11/03/1990
Decision Date:	08/12/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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 59 year old male who sustained an industrial injury on 11/3/90. Treatments include medications, rest, activity modification, ice, heat injections and surgery. Primary treating physician's progress report dated 6/2/15 reports continued complaints of severe back and leg pain with weakness, left greater than right leg. The pain stabbing, shooting, burning and deep, rated 6/10. Diagnoses include: failed back syndrome and lumbar radiculitis. Treatment plan includes: request for authorization for methadone 10 mg 1 three times per day, roxicodone 30 mg 1 -2 three times per day and neurontin 300 mg 1 three times per day. Work status as stated on progress note dated 4/3/15, is permanent disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

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

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. The claimant was on Roxycodone along with the Methadone. The claimant did have a history of substance abuse and was on opioids for over a decade, but there was no details provided on detoxification or weaning. As a result, continued and long-term use of Methadone is not medically necessary.