

Case Number:	CM15-0132385		
Date Assigned:	07/20/2015	Date of Injury:	11/09/1988
Decision Date:	08/18/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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, who sustained an industrial injury on 11/09/1988. Diagnoses include lumbago and low back pain. Treatment to date has included medications including Methadone, Norco, Sonata, Lyrica, Colace, Zanaflex and Wellbutrin. Per the Primary Treating Physician's Progress Report dated 6/03/2015, the injured worker reported chronic low back pain. Meds are helping him do more around the house and can help with family. He rates the severity of his pain as 4/10 with medication. Physical examination revealed tenderness at the lumbar spine and facet joint with decreased flexion and extension. The plan of care included medication management and authorization was requested for one prescription of Methadone 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some pain relief and functional improvement noted, but the UDS identifies some inconsistencies and there is no discussion regarding appropriate medication use/aberrant behaviors. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested methadone is not medically necessary.