

Case Number:	CM15-0134255		
Date Assigned:	07/22/2015	Date of Injury:	08/13/2008
Decision Date:	08/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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 56 year old male who sustained an industrial injury on 08/13/2008. Mechanism of injury was not found with documents presented. Diagnoses include complete tear of the left rotator cuff and rotator cuff (capsule) sprain on the left. Treatment to date has included diagnostic studies, medications, home exercise program, status post left shoulder replacement. His medications include Ativan, Sertraline, Trazodone and Methadone. A physician progress note dated 06/23/2015 documents the injured worker has continued left shoulder pain that radiates to his head. His pain is better with medications. He rates his pain as 10 out of 10 without medications and with medications, his pain is 7-8 out of 10. With his medications, he can walk up to a mile a day. He takes Methadone 10mg 3 tablets 4 times a day with 80% pain relief. There is decreased left shoulder range of motion, and tenderness to palpation over the left shoulder is diffuse. He has a positive left shoulder apprehension test. It is documented he has a signed narcotic agreement on file. A urine drug screen done on 05/26/2015 was positive for Amphetamines, Cannabinoids, Opiates and Methadone. It is unknown if this has been addressed. Treatment requested is for Methadone 10mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is a discrepancy between the physician's documentation of the urine results and the actual positive findings noted in the urine screen. As a result, continued and long-term use of Methadone is not medically necessary.