

Case Number:	CM15-0140578		
Date Assigned:	07/30/2015	Date of Injury:	04/09/2010
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

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 42 year old male who sustained an industrial injury on 4-9-10. Diagnoses are lumbar strain, lumbar radiculopathy, status post L1-L2 laminectomy-discectomy, L5-S1 discogenic bulge status post surgery, severe depression, insomnia, weight gain, and constipation. In the most recent dated progress report submitted, dated 1-5-15, the treating physician notes low back pain is still at a 9-10 with the help of medication it is somewhat manageable and his depression is improving. He walks with crutches and is very weak in the lower extremities. Exquisite tenderness is noted throughout the lumbosacral musculature and range of motion is very restricted. Straight leg raise is positive 10 degrees on both sides. There is decreased sensation on the left below the knee area. Medications noted are Methadone, Diazepam, Neurontin, and Celexa. Previous treatment noted includes crutches, medication, surgery, psychological evaluation, and a home exercise program. Work status is noted as temporary total disability until 3-2-15. The requested treatment is Methadone 5mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in April 2010 and is being treated for chronic pain including chronic low back pain after lumbar surgery. Medications have included OxyContin, oxycodone, and Fentanyl at high morphine equivalent doses. When seen, pain was rated at 9-10/10. There was significantly decreased lumbar range of motion and tenderness. There was lower extremity weakness and the claimant was ambulating with bilateral crutches. Straight leg raising was positive bilaterally. Methadone was prescribed at a total morphine equivalent dose (MED) of 240 mg per day. Methadone is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction the total and the total MED is twice that recommended and there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.