

Case Number:	CM15-0148018		
Date Assigned:	08/11/2015	Date of Injury:	08/31/1995
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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 74-year-old female who sustained an industrial injury on August 31, 1995 resulting in pain in her bilateral hips, right hand, right knee, and low back. She was diagnosed with rotator cuff tear; degenerative joint disease of the bilateral hips and right knee; lumbar area spondylolisthesis and foraminal stenosis; right hand index, middle and ring trigger fingers with thumb and carpometacarpal degenerative joint disease; and, displaced femoral neck fracture of the right hip. Documented treatment has included right total hip arthroplasty; total left hip replacement with several closed reductions which resulted in 4 cm leg length discrepancy; right knee cemented total knee arthroplasty; right shoulder rotator cuff repair; physical therapy; participation in a functional restoration program which she was unable to continue due to discomfort from sitting; use of lumbar brace; medication for pain and as a sleep aid; lumbar and right thumb cortisone injections; right-side shoe lift; and, home exercise. The injured worker continues to complain of bilateral hip pain, radiating lumbar spinal pain, muscle spasms, right hand pain, and problems sleeping. The treating physician's plan of care includes Methadone HCL 10 mg. She is totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Methadone HCL 10mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids, dosing; Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Weaning of Medications.

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 also on Norco for pain. Although, the claimant did not previously tolerate Fentanyl or Dilaudid, the guidelines recommended not to exceed 120 mg of Morphine equivalent and the claimant was on equivalent to 700 mg per day. As a result, continued and long-term use of Methadone is not medically necessary.