

Case Number:	CM15-0182116		
Date Assigned:	09/23/2015	Date of Injury:	10/06/2005
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: New Jersey, New York
 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 54 year old male, who sustained an industrial injury on 10-6-2005. He reported injury to the neck, right shoulder, and low back from lifting-carrying activity. Diagnoses include chronic pain, pain in joint, cervical disc displacement without myelopathy, and lumbar disc displacement without myelopathy. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture treatments, chiropractic therapy, epidural steroid injection, and radiofrequency ablation. Currently, he complained of increased low back pain with radiation to the left lower extremity. The record documented pain is "effectively management with methadone". Current medications listed included methadone, Nabumetone, Gabapentin, Orphenadrine, and Pantoprazole, however, notes these were denied and it was unclear if he was currently taking them. On 8-7-15, the physical examination documented an antalgic gait with muscle spasm and guarding noted in the lumbar spine. The plan of care included continuation of medication management. The appeal requested authorization of Methadone HCL 5mg #90. The Utilization Review dated 8-18-15, denied the request indicating that the available medical records did not support that the California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request for continued Methadone use is medically necessary at this time. The patient had the 4 A's documented. Pain relief was documented as well as ability to increase function and had 50% decreases in pain. His urine drug screens were appropriate. And he did not have an adverse side effect to the medication. Other opioids were not effective at controlling pain. As his muscle relaxant was not approved, it is reasonable to continue Methadone for now.