

Case Number:	CM15-0184632		
Date Assigned:	09/25/2015	Date of Injury:	02/04/2008
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

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

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 67 year old male, who sustained an industrial injury on February 4, 2008. He reported injury to his cervical and lumbar spine. He developed progressive complaints of neck and low back pain with symptoms radiating into the lower and upper extremities. The injured worker was currently diagnosed as having cervical spinal stenosis, cervical spinal stenosis, spinal lumbar stenosis, degeneration of cervical disc, degeneration of lumbar lumbosacral disc, psychogenic pain not elsewhere classified and long-term use medication not elsewhere classified. Treatment to date has included chiropractic treatment with some benefit, aqua therapy, medication and diagnostic studies. Notes stated that he started a functional restoration program but only completed one week before deciding it wasn't for him. On August 26, 2015, the injured worker presented for follow-up of neck and low back pain. Notes stated that there were no acute changes in his pain. He reported to have pain "better relieved" with Methadone and stated that he has withdrawal effects if he tries to completely come off of it. A urine drug screen was administered. The treatment plan included Methadone and a follow-up visit. On September 14, 2015, utilization review modified a request for Methadone Hydrochloride 10mg #45 to Methadone Hydrochloride 10mg #40. A request for Methadone Hydrochloride 10mg #45 (do not fill: 09-26-2015) was modified to Methadone Hydrochloride 10mg #35. A retrospective request for a semi-quantitative urine drug screen for date of service August 26, 2015, was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hydrochloride 10mg quantity 45: Upheld

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): Methadone, Opioids, criteria for use.

Decision rationale: Methadone Hydrochloride 10mg quantity 45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. A review of the documentation reveals that the patient has been on long-term opioids without significant evidence of objective increase in function therefore the request for continued Methadone is not medically necessary.

Methadone Hydrochloride 10mg quantity 45 (do not fill: 9/26/15): Upheld

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): Methadone, Opioids for chronic pain.

Decision rationale: Methadone Hydrochloride 10mg quantity 45 (do not fill: 9/26/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. A review of the documentation reveals that the patient has been on long-term opioids without significant evidence of objective increase in function therefore the request for continued Methadone is not medically necessary.