

Case Number:	CM15-0209332		
Date Assigned:	10/28/2015	Date of Injury:	01/05/2010
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/23/2015

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 55 year old male, who sustained an industrial injury on January 5, 2010, incurring low back pain. He was diagnosed with lumbar degenerative disc disease and lumbar facet arthropathy. Treatment included pain medications, neuropathic medications, sleep aides, nerve stimulator, epidural steroid injection, and surgical lumbar laminectomy and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating into the lower extremities. He noted increased weakness and numbness of the lower extremities secondary to the chronic pain. On March 15, 2015, the injured worker was prescribed on Methadone giving him some pain relief. He rated his pain without medications 10 out of 10 and with medications 8 out of 10 on a pain scale from 0 to 10. The treatment plan that was requested for authorization included a prescription for Methadone 10 mg #90. On September 24, 2015, a request for a prescription for Methadone was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant sustained a work injury in January 2010 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. In September 2015, medications were decreasing pain from 10/10 to 8/10. Methadone and oxycodone were being prescribed. He was using a spinal cord stimulator with benefit. Physical examination findings included an antalgic gait with use of a cane. There was lumbar paraspinal and iliolumbar tenderness. Urine drug screening had been positive for cocaine. The provider discussed the opioid policy oxycodone was discontinued and methadone was prescribed with a plan for weaning at follow-up. The total MED (morphine equivalent dose) was over 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed has been in excess of that recommended and providing a marginal decrease in pain. Although there are no unique features of this case that would support dosing at this level, oxycodone was discontinued and weaning of the claimant's opioid medication is being actively done. Prescribing methadone with planned weaning at follow-up was appropriate. Therefore, the request was medically necessary.