

Case Number:	CM15-0020074		
Date Assigned:	02/09/2015	Date of Injury:	09/01/1995
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/03/2015

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: Nevada, California
 Certification(s)/Specialty: Anesthesiology, 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 68-year-old male who reported an injury on 09/01/1995. The mechanism of injury involved heavy lifting. The current diagnoses include lumbosacral radiculitis, degeneration of lumbar intervertebral discs, psychalgia, and chronic pain syndrome. The injured worker presented on 12/29/2014 for a follow up evaluation. The injured worker reported chronic low back pain with associated numbness, tingling, and weakness in the lower extremities. The current medication regimen includes methadone 10 mg, Valium 10 mg, and Voltaren 1% topical gel. The physical examination was not provided on that date. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; On-Going Management; Weaning of Medications Page(s): 61-62, 93; 78-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, it is noted that the injured worker has continuously utilized methadone 10 mg since at least 08/2014. There was no documentation of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. There is also frequency listed in the request. Given the above, the request is not medically appropriate.