

Case Number:	CM15-0023939		
Date Assigned:	02/13/2015	Date of Injury:	12/11/2000
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 11, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; epidural steroid injection therapy; various other interventional spine procedures involving the lumbar spine; and opioid therapy with methadone. In a utilization review report dated January 26, 2015, the claims administrator partially approved a request for methadone. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back and bilateral shoulder pain, 5/10. The applicant was using six methadones daily. The attending provider contented that the applicant was stable on his medications. The applicant was using methadone for baseline pain complaints, Dilaudid for breakthrough pain, and Soma for antispasmodic effect. The applicant was status post failed lumbar spine surgery. The applicant's work status was not detailed, although the applicant did not appear to be working. The applicant exhibited a visibly slowed and antalgic gait in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the attending provider failed to outline the applicant's work status on progress notes of February 9, 2015 and January 26, 2015. The attending provider likewise failed to outline any meaningful or material improvements in function achieved as a result of ongoing methadone usage. Therefore, the request was not medically necessary.