

Case Number:	CM15-0212437		
Date Assigned:	11/02/2015	Date of Injury:	01/24/2003
Decision Date:	12/18/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: California, North Carolina
 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 47 year old male who sustained an industrial injury on 1-24-03. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy, thoracic degenerative disc disease, and right foot drop. Medical records dated 10-5-15 indicate "sharp, throbbing, stabbing, numbness, pressure, burning, stinging" pain rated at 9 out of 10. Provider documentation dated 10-5-15 noted the work status as "warned not to operate a motor vehicle or heavy machinery if tired or mentally foggy secondary to medications." Treatment has included Baclofen, Lyrica, Methadone, thoracic epidural steroid injection, magnetic resonance imaging, status post C1-2 fusion. Objective findings dated 10-5-15 were notable for tenderness to palpation to C2-C3, bilateral paracervical and thoracic tenderness as well as right lumbosacral tenderness, antalgic gait with bilateral foot drop. The original utilization review (10-19-15) denied a request for Methadone HCL 10mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids (Classification).

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

Decision rationale: The claimant is a 47 year-old male with date of injury of 1/24/2003 who presents with chronic low back pain. The request is for a refill of Methadone, a second-line opioid for moderate to severe pain. Opioids are intended for short-term use. Long-term use requires ongoing documentation of the 4 A's, which is present in this case. However there is no documentation in the medical records that states that Methadone is required due to failure of first-line agents. A progress note from 8/25/15 reveals that the patient is also taking Oxycodone and Oxycontin, yet Methadone is not mentioned. There is no rationale given for the refill of methadone given the concomitant use of Oxycodone/Oxycontin. Additional information is also needed to demonstrate that the patient is unable to achieve pain relief via the use of first-line medications. Therefore the request is not medically necessary or appropriate.