

Case Number:	CM15-0035039		
Date Assigned:	03/03/2015	Date of Injury:	01/11/2013
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 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 31 year old male, who sustained an industrial injury on January 11, 2013. The diagnoses have included lumbar post-laminectomy syndrome, degeneration of lumbosacral intervertebral disc, caudo equine syndrome and chronic pain syndrome. Treatment to date has included lumbar surgery, aqua therapy, medications and diagnostic studies. Currently, the injured worker complains of a sudden onset of low back pain. The injured worker reported the pain was constant and had a variable intensity. The injured worker reported numbness in the bilateral lower extremities and reported bladder and bowel incontinence. He had stiffness of the lower back, which he reported interfered with sleep. The pain was worsened with activity and medications and rest alleviated the pain. On February 3, 2015, Utilization Review modified a request for methadone 10 mg #150 to methadone 10 mg one twice per day #60. The California Medical Treatment Utilization Schedule was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of methadone 10 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 104.

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. On 11/3/14, there was noted concern of medication compliance since the claimant was on Norco with Methadone and the Norco did not show on the urine testing. As a result, continued and long-term use of Methadone is not medically necessary.