

Case Number:	CM14-0136637		
Date Assigned:	09/03/2014	Date of Injury:	06/21/2009
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 59-year-old gentleman was reportedly injured on June 21, 2009. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of low back pain and leg pain. The physical examination demonstrated ambulation with the assistance of a cane. Diagnostic imaging studies of the lumbar spine dated September 20, 2013, reveals a disc protrusion and facet hypertrophy at L4 - L5 and a disc protrusion at L5 - S1. Nerve conduction studies of the lower extremities dated June 6, 2013 were normal. Previous treatment includes lumbar spine surgery in the use of a spinal cord stimulator as well as oral medications. A request had been made for methadone and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE #90 MODIFIED TO LOWER DOSE BY 10% EVERY 2-4 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62 of 127..

Decision rationale: As noted in the California MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. The injured employee's current dosing with this medication is equal to a 390 mg MED much higher than the recommended 120 mg maximum. Additionally, there is no objective documentation regarding pain relief, increased ability to function, or ability to perform activities of daily living with prior usage of this medication. As such this request for methadone is not medically necessary.