

Case Number:	CM14-0137407		
Date Assigned:	09/05/2014	Date of Injury:	12/08/1997
Decision Date:	10/22/2014	UR Denial Date:	07/23/2014
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 injured worker is a 59-year-old female who was reportedly injured on December 8, 1997. The mechanism of injury is noted as catching her leg between the rollers of a conveyor belt. The most recent progress note, dated September 3, 2014, indicates that there were ongoing complaints of a flare of low back pain with muscle spasms. There were also complaints of neck pain. The physical examination demonstrated ambulation with the assistance of a walker. There were thoracolumbar spasms worse on the right side and tenderness over the facet joints. There was not tenderness at the right calf, which was no worse with ankle flexion and extension, nor was there any swelling to indicate the deep vein thrombosis. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, home exercise, and oral medications. A request had been made for Methadone 10 mg and not medically necessary in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90 Med 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: As noted in the California MTUS, this medication is recommended as a second-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. This medication is used with caution and those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). A review of the medical records indicates that the injured employee is also currently prescribed Norco and Valium in addition to Methadone. The injured employee's current morphine equivalent dosage is 280, which far exceeds the recommended maximum of 120. Considering this, and the concern for side effects, morbidity, and mortality, this request for Methadone 10 mg is not medically necessary.