

Case Number:	CM14-0138384		
Date Assigned:	09/05/2014	Date of Injury:	07/18/1997
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 & 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 65-year-old gentleman was reportedly injured on July 18, 1997. The most recent progress note, dated September 10, 2014, indicates that there are ongoing complaints of right ankle pain due to CRPS. The injured employee cannot take Tylenol or anti-inflammatories due to peptic ulcer disease. There has also been failure to improve with Lyrica, Neurontin, and Lidoderm. Current medications include methadone, cimetidine, Prilosec, clonidine, Benicar, and Testim gel. Pain stated to be 10/10 without medications and 8/10 with medication. The physical examination demonstrated ambulation with the use of a single point cane. There was hyperalgesia and allodynia and decreased range of motion of the right ankle and foot. There was a mottled appearance present. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes biofeedback, oral and topical medications. A request had been made for methadone HCL 10 mg and was not certified in the pre-authorization process on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #90 between 8/8/2014 and 10/20/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 61-62.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The progress note dated September 10, 2014, indicates that the injured employee cannot take multiple medications and has objective decrease in his pain level and increased ability to perform activities of daily living with current medications. The injured employee was also advised to taper his medications and used the lowest effective dose possible to maintain function. As such, this request for methadone HCL 10 mg is medically necessary.