

Case Number:	CM14-0140058		
Date Assigned:	09/08/2014	Date of Injury:	06/21/2000
Decision Date:	10/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 21, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; various interventional spine procedures involving the cervical and lumbar spine; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 1, 2014, the claims administrator denied a request for methadone. In a July 14, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. 8-10/10 pain was noted. The applicant was reportedly worsened, it was acknowledged. The applicant acknowledged that an increased dosage of methadone had not necessarily ameliorated her pain complaints. The applicant was permanent and stationary, it was acknowledged. The applicant did not appear to be working with permanent limitations in place. The applicant's current medication list reportedly included potassium, Lidoderm, Zoloft, methadone, Prilosec, Norco, Synthroid, and Benadryl. The applicant was described as "disabled," it was suggested in another section of the report. The applicant was still smoking, it was noted and had done so since age 40. The applicant was in moderate distress. Multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg tab four times daily #120 with 1 refill for the neck and low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints are heightened from visit to visit. 8/10 pain was noted on the most recent office visit. The attending provider and the applicant both seemingly acknowledged that ongoing usage of methadone had not ameliorated the applicant's pain complaints appreciably. 8/10 pain was noted. The applicant was described as "disabled," it was suggested on the most recent progress note. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.