

Case Number:	CM14-0148890		
Date Assigned:	09/18/2014	Date of Injury:	07/29/2011
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 Emergency Medicine, has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 07/29/2011. He reportedly fell down an elevator shaft. On 08/28/2014, the injured worker presented with low back and leg pain. Current medications included trazodone, Flexeril, Cymbalta, lisinopril, Lidoderm, methadone, Norco, and gabapentin. Upon examination of the paralumbar spine, there tenderness to the paraspinal musculature bilaterally. There was a positive facet loading in the lumbar spine and decreased range of motion with pain elicited. The diagnoses were failed back syndrome of the lumbar spine. The provider recommended methadone tab 5 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone tab 5 mg. Quantity 60: Upheld

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

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

Decision rationale: The California MTUS recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweigh the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. There is lack of documentation of the efficacy of the prior use of this medication. There is lack of documentation that the benefit of this medication outweigh the risks for this injured worker. Additionally, the provider's request does indicate the frequency of the medication in the request as submitted. There was lack of a complete and adequate pain assessment of the injured worker. As such, the request for Methadone tab 5 mg. Quantity 60 is not medically necessary.