

Case Number:	CM14-0163576		
Date Assigned:	10/08/2014	Date of Injury:	01/21/2002
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 low back pain reportedly associated with an industrial injury of January 21, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated September 10, 2014, the claims administrator failed to approve a request for methadone. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated May 25, 2006, it was acknowledged that the applicant had last worked in January 2002. The applicant was using methadone, Kadian, Skelaxin, Colace, Aleve, and naltrexone at this point in time, it was acknowledged. The applicant had developed a variety of ancillary issues, including depression, it was acknowledged. In an August 28, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant's medication list included Colace, Senna, methadone, and Kadian, it was acknowledged. The applicant was using a cane to move about. Weakness about the left leg was noted. The applicant was asked to continue current medications. The applicant was advised to eschew operation of motor vehicle if sedation with medications resulted. Both morphine and methadone were renewed. The applicant reported difficulty performing activities as basic as standing and walking. The applicant stated that he needed help in performing household chores and further stated that performing gardening was quite painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone HCL 10mg #35: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 has not worked since 2002. The attending provider reported on the most recent progress note of August 28, 2014 that the applicant was having difficulty performing activities of daily living as basic as standing and walking and that the applicant needed help to perform household chores. All of the foregoing, taken together, does not make a compelling case for continuation of methadone. Therefore, the request is not medically necessary.