

Case Number:	CM14-0164709		
Date Assigned:	10/09/2014	Date of Injury:	06/08/2001
Decision Date:	11/13/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family 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:

This injured worker's date of injury is 06/08/2001. The medical records were reviewed. Medical records regarding the original injury were not provided. This patient receives treatment for chronic low back pain and the patient has chronic opioid dependence. The medical diagnoses include: lumbago, spasm of muscle, and pain in hand joint. The medications prescribed include Cymbalta, Methadone, Fentanyl patch, Trazodone, and Divalproex. Physical therapy has been approved; however the patient has not attended any sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10MG Tab 1C: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The patient receives treatment for chronic low back pain. The MTUS Chronic Pain Medical Treatment Guidelines require specific notation in four domains for the ongoing management of patients on chronic opioid therapy: degree of pain relief, any side effects, the level of physical and psychological functioning, and any non-adherent drug-related

behaviors. The documentation in the medical records provided does not adequately cover these domains. Methadone is not medically indicated. Therefore, this request is not medically necessary.