

Case Number:	CM14-0101904		
Date Assigned:	07/30/2014	Date of Injury:	01/12/2009
Decision Date:	06/25/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 12, 2009. In a Utilization Review report dated June 24, 2014, the claims administrator partially approved a request for methadone, apparently for weaning or tapering purposes. A RFA form of June 18, 2014 and an associated progress note of May 27, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 2, 2010, the applicant reported highly variable 2-9/10 pain complaints. The applicant was apparently using methadone at that point in time, it was acknowledged. The applicant also reported issues with depression and anxiety superimposed on chronic knee and hip pain. The applicant also was on insulin and metformin for diabetes, it was reported. The applicant was given a 48% whole person impairment rating. It was suggested that the applicant was doing his pre-injury job with restrictions in place. It was suggested that the applicant's functionality and ability to work had been ameliorated as a result of ongoing medication consumption. In a May 5, 2015 psychiatric medical-legal evaluation, it was acknowledged that the applicant was no longer working and had developed heightened depressive and chronic pain complaints. The medical-legal evaluator stated that the applicant had been totally temporary disabled since April 30, 2013. Activities of daily living as basic as sitting, standing, walking, and sleeping remained problematic, it was acknowledged. The applicant was using methadone, insulin, metformin, Nexium, and Keppra as of this point in time, it was reported. In an April 7, 2015 progress note, the applicant was placed off of work, on total

temporary disability. The applicant was given diagnoses of knee arthritis, dysthymia, depression, diabetes, and anemia. The applicant had developed memory and speech issues, it was acknowledged. Lifting, twisting, and standing remained problematic, it was reported. The applicant was no longer working as a delivery driver, it was acknowledged. The applicant was likewise placed off of work, on total temporary disability, on a medical progress note of January 27, 2015 and on a psychiatric progress note of December 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #135: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for methadone, an opioid agent, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work, on total temporary disability, it was suggested on several medical, psychiatric, and medical-legal evaluations, referenced above, of late 2014-early 2015. The applicant continued to report difficulty performing activities of daily living as basic as standing, lifting, twisting, walking, and sleeping, it was suggested above. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with methadone. Therefore, the request was not medically necessary.