

Case Number:	CM14-0219025		
Date Assigned:	01/09/2015	Date of Injury:	10/27/2002
Decision Date:	03/05/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York
 Certification(s)/Specialty: Emergency 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 injured worker (IW) is a 35 year old female who sustained an industrial injury on 10/27/2002. There is conflicting descriptions on the mechanism of injury in the submitted documents. She reported low back pain and was diagnosed with low back pain syndrome and piriformis syndrome. In addition, the IW was involved in a motor vehicle accident two months later with aggravation of her injuries. Treatment to date has included pain medication, chiropractic care, aqua therapy, exercises, transcutaneous electrical unit, epidural injections, and acupuncture. Documentation supports the IW has been prescribed methadone for pain since August 2013. A report dated 10/28/2014, documents a pain level of 4. An MRI from May 2014 was reviewed at this visit reveals a disc protrusion at L5/S1 level. The IW was referred to a neurosurgeon. On 11/20/2014, pain was documented at a level of 5. The IW reported pain in her feet and lumbar spine, weakness in the arms and legs and burning in the bilateral feet. She also reported need for assistance at home as she was having difficulty with activities of daily living such as removing laundry from the washing machine. Treatment plan included an intramuscular injection of a nonsteroidal anti-inflammatory agent and renewal of prescriptions of Oxycodone HCL 30mg #30 and Methadone HCL 10 mg #45 and an additional physician consultation. On 12/12/2014, Utilization Review certified a request for Oxycodone HCL 30mg #30 and modified a request for Methadone HCL 10 mg #45 to #36, citing MTUS guidelines. On 12/29/2014, the injured worker submitted an application for IMR of Methadone HCL 10 mg #45.

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 #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opiate use for chronic pain Page(s): 61-62.

Decision rationale: CA MTUS chronic pain guidelines recommend Methadone as a second line agent for the treatment of moderate to severe pain. Recommendations for chronic opiate use support its use stating opiates "appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 months), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." Further recommendations suggest the use of periodic urine toxicology testing to assess for use of illegal substances. The documentation submitted supports the IW was prescribed Methadone for a minimum of 18 months. At recent medical visits, the IW reported increased pain and decreased ability with activities of daily living. There were no urine drug screens noted in the records. The documentation did not support efficacy of the methadone as prescribed. The request is determined not medically necessary.