MAXIMUS Federal Services

Case Number:	CM15-0002776		
Date Assigned:	01/13/2015	Date of Injury:	08/05/2009
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 08/05/2009. The mechanism of injury involved heavy lifting. The current diagnosis is degenerative disc disease in the cervical spine. The latest physician's progress report submitted for review was documented on 10/02/2014. The injured worker presented with complaints of persistent lower back pain. There was no physical examination provided on that date. The current medication regimen included Avinza 30 mg, gabapentin 800 mg, hydrocodone 10/325 mg, and nortriptyline 50 mg. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risks. There was no evidence of this injured worker's current utilization of methadone HCl 5 mg. There was no documentation of a failure of first line treatment prior to the initiation of methadone HCl 5 mg as a second line option. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.