

Case Number:	CM15-0105281		
Date Assigned:	06/09/2015	Date of Injury:	11/09/2009
Decision Date:	07/10/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31-year-old male, who sustained an industrial injury on 11/9/09. He has reported initial complaints of a back injury. The diagnoses have included chronic low back pain, lumbar facet arthritis, right sacroiliitis, possible lumbar radiculopathy, and myofascial pain. Treatment to date has included medications, activity modifications, diagnostics, consultations, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 4/21/15, the injured worker complains of persistent low back pain and sharp, shooting and stabbing pain radiating to the right lower extremity (RLE). The pain is associated with intermittent popping and constant achy pain. The objective findings reveal that he has musculoskeletal pain and anxiety. The lumbar spine reveals spasms, and stiffness. There is an antalgic gait noted on the right and there is tenderness in the lumbar facet joints. The diagnostic testing that was performed included Lumbar Magnetic Resonance Imaging (MRI) dated 11/4/14. It is noted that he is not a surgical candidate and should be weaned from the narcotics. The current medications included Methadone. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Methadone 10mg #120 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2009 and continues to be treated for radiating back pain. When seen, pain was rated at 7/10. There had been benefit after use of an H-wave unit. Medications are referenced as helping and without adverse side effects. Physical examination findings included an antalgic gait with lumbar facet joint tenderness. Medications being prescribed include methadone at a total MED (morphine equivalent dose) of over 300 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED (morphine equivalent dose) being prescribed more than twice the recommended MED. There are no unique features of this case that would support opioid dosing at this level. There is no documentation that this medication is providing decreased pain by measured pain levels, increased level of function, or improved quality of life. Therefore, continued prescribing of methadone at this dose is not considered medically necessary.