

Case Number:	CM15-0111206		
Date Assigned:	06/17/2015	Date of Injury:	02/04/2008
Decision Date:	07/16/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 is a 67 year old male, who sustained an industrial injury on 02/04/2008. He has reported injury to the neck and low back. The diagnoses have included cervical spinal stenosis; lumbar spinal stenosis; cervical disc degeneration; and lumbar/lumbosacral disc degeneration. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, and home exercise program. Medications have included Methadone. A progress report from the treating physician, dated 04/22/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck and low back pain; no acute changes in pain at this time; has had four sessions of chiropractic therapy, and immediately felt a reduction in pain; he continues to have pain better relieved with Methodone; he has withdrawals, such as severe depression and muscle cramping at night, if he tries to completely come off of the Methadone; and does other forms of exercise such as Tai Chi, yoga, and walking. Objective findings included spasm and guarding of the lumbar spine. The treatment plan has included the request for Methadone Hydrochloride 10mg quantity 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hydrochloride 10mg quantity 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medications. As an opioid, Methadone should be used in the context of a well established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient continues to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in this patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone Hydrochloride 10mg quantity 45 is not medically necessary.