

Case Number:	CM15-0114300		
Date Assigned:	06/22/2015	Date of Injury:	10/10/2002
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 10/10/2002. He reported injury to his back after being knocked down by falling containers. The injured worker was diagnosed as having backache, not otherwise specified. Treatment to date has included diagnostics, injections, and medications. Currently (5/06/2015), the injured worker was seen for medication refill of controlled substances. He stated that current medications were working well and he denied side effects. Current medications included Tramadol, Methadone, Lisinopril, Lovastatin, Insulin, and medical marijuana. The use of Methadone was noted since at least 2005. Objective findings included vital signs. His pain was not rated. Urine toxicology reports (9/2013 and 8/2014) were inconsistent for prescribed medications. Medication was continued. His previous visit (4/30/2015) noted pain level at 5-7/10 (with medications), noting recent hospital emergency department visit for chest pain, and a full cast to his left ankle. He was not working at that time due to left foot problem (non-industrial).

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of Methadone as a second line treatment for the management of chronic pain. It outlines clearly the documentation that would support the need for ongoing use of methadone. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents initial partial weaning of methadone in 2013 with no loss of function or increase in pain. The record states that the goal is the complete cessation of methadone but does not indicate why the weaning process was stopped. The record does not support medical necessity of ongoing opioid therapy with methadone.