

Case Number:	CM15-0119931		
Date Assigned:	06/30/2015	Date of Injury:	08/31/1995
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/22/2015

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: Arizona, California

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 74 year old female, who sustained an industrial injury on 08/31/1995. She has reported injury to the head, neck, right hand/wrist, bilateral hips, left upper leg, bilateral knees, and low back. The diagnoses have included low back pain; lumbar radiculopathy; lumbar spinal stenosis; wrist pain; hip pain; chronic instability of left hip; failed left total hip replacement (recurrent dislocation); multilevel degenerative disc disease with spinal and foraminal stenosis; spasm of muscle; and foot pain. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Methadone HCl, Ambien, Linzess, Colace, Senokot, and Soma. A progress report from the treating physician, dated 04/29/2015, documented an evaluation with the injured worker. The injured worker reported neck pain, lower backache, bilateral lower extremity pain, bilateral hip pain, right hand pain, and bilateral feet pain; the pain is rated as 7 on a scale of 1 to 10; pain is rated as 10 on a scale of 1 to 10 without medications; quality of sleep is fair; activity level has decreased; the medications are working well; improved management of pain with addition of Norco for breakthrough pain; and she continues to have increased pain and loss of function due to pain increase. Objective findings included appears to be in mild distress, depressed, fatigued, and in moderate pain; analgesic, slowed, and stooped gait, assisted by walker; lumbar range of motion is limited by pain; on palpation, paravertebral muscles, spasm, and tenderness is noted on both the sides of lumbar spine; lumbar facet loading is positive on the right side; straight leg raising test is positive on the left side; tenderness noted over the lumbar paraspinals; tenderness to palpation is noted over the tops of bilateral feet; decreased sensation at the anterior aspect of bilateral feet; and numbness and tingling to the top of the left foot. The treatment plan has included the request for 1 prescription of Methadone HCl 10mg #210.

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 #210: Upheld

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

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant was on Norco and previously several other opioids without significant response. The Methadone was used as an opioid alternative. No one opioid is superior to another. The Methadone is not indicated and not medically necessary.