

Case Number:	CM15-0125465		
Date Assigned:	07/10/2015	Date of Injury:	09/08/2004
Decision Date:	08/05/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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 59 year old male who sustained an industrial injury on 9/8/04. Primary treating physician's progress report dated 4/23/15 reports complaints of chronic neck, bilateral shoulders and lower back pain. Pain worsens with prolonged static posture, repetitive bending, stooping, activity above shoulder level, carry/lifting, pushing and pulling. The pain medication helps but does not eliminate it. Diagnoses include: chronic pain, history of left shoulder surgery with adhesive capsulitis, right shoulder pain impingement, neck pain, multilevel degenerative stenosis and multilevel lumbar degenerative disc disease. Plan of care includes: update toxicology screen today, request referral to HELP program for consultation and comprehensive chronic pain management including possibility of detoxification, behavior therapy, continue with lumbar support 20 hours per day, continue topical creams, and continue methadone 10 mg 1 every 4 hours #180 and Norco. Follow-up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of methadone 10mg #180: Overturned

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 was indication of opioid addiction and need for detoxification. The Norco in combination was being weaned. Addiction specialist was requested. The Methadone is appropriate and medically necessary.