

Case Number:	CM15-0125535		
Date Assigned:	07/16/2015	Date of Injury:	02/12/2012
Decision Date:	09/11/2015	UR Denial Date:	06/11/2015
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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old male, who sustained an industrial injury on 02/12/2012. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having non-union L5-S1, L5-S1 fusion, bilateral lumbar facet joint pain at L4-L5 and L5-S1, lumbar facet joint arthropathy, L3-S1 facet joint hypertrophy, L5 pars defect, and lumbar sprain/strain. Treatment and diagnostics to date has included lumbar spine fusion and medications, including an opioid and non-steroidal anti-inflammatory drug (NSAID). In a progress note dated 02/11/2015, the injured worker presented with complaints of bilateral low back pain. Objective findings include restricted lumbar range of motion with bilateral lumbar paraspinal muscles and unchanged since previous visit. According to the Utilization Review report, authorization is being requested for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, 24 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 74-96.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines recommended Methadone 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 medication". The Guidelines also discourage long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not document the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, or improvement in function. In addition, the physician noted discontinuing the injured worker's OxyContin and prescribed Methadone without any documentation of why this was being prescribed instead. These are necessary to meet Medical Treatment Utilization Schedule guidelines. Therefore, based on the Guidelines and the submitted records, the request for Methadone is not medically necessary.