

Case Number:	CM15-0024988		
Date Assigned:	02/17/2015	Date of Injury:	01/11/1985
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/10/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57-year-old male, with a reported date of injury of 01/11/1985. The diagnoses include post laminectomy pain syndrome, and chronic pain syndrome. Treatments have included oral medications, topical pain medication, three lumbar spine surgeries, knee surgery, and carpal tunnel release. The progress report dated 01/14/2015 indicates that the injured worker complained of thoracic and lower back pain. The injured worker continued to try to be active around his house and continued to take his medication to reduce his mid to lower back pain so that he could work around his house. The physical examination showed a normal gait, tenderness over the superior trapezius and levator scapulae on movement, and tenderness on palpation over the iliolumbar. On 01/21/2015, Utilization Review (UR) modified the request for Methadone 10mg #180, noting that the injured worker's opioid regimen far exceeded the recommended daily dose. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend methadone for moderate to severe pain if the benefits outweigh the risk. Methadone is only approved for detoxification and maintenance of narcotic addiction. The guidelines recommend the continuation of opioid medication when there is documented improvement in pain and daily functioning. Tapering may be required to avoid withdrawal symptoms. In several previous visits, it was recommended that the patient be weaned from methadone due to excessive use of opioids. Therefore, the request for methadone 10 mg #180 is not medically appropriate and necessary.