

Case Number:	CM15-0070581		
Date Assigned:	04/20/2015	Date of Injury:	04/27/2005
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48-year-old female, who sustained an industrial injury on 4/27/2005. The medical records submitted for this review did not include the details regarding the initial injury and treatments to date. Diagnoses include cervical degenerative disc disease, radiculopathy, neck pain, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, bilateral wrist pain and severe depression. Currently, he complained of continued pain in the neck, shoulders, and bilateral upper extremities. On 3/3/15, the physical examination documented decreased range of motion in the cervical spine, shoulder and wrists. The plan of care included medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 10MG #180 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 61.

Decision rationale: According to MTUS guidelines, section Medications for chronic pain, Methadone is recommended 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. As an opioid, Methadone should be used in the context of a well-established plan, tailored to the patient needs, when there is no reasonable alternative to treatment and when the patient is responsive to treatment. The lowest possible effective dose should be used. In this case, the patient has never taken Methadone before. However, the patient has been using opioids since at least 2011 without any evidence of functional improvement. Based on the above, the prescription of Methadone 10mg #180, with 2 refills is not medically necessary.