

Case Number:	CM15-0078630		
Date Assigned:	04/29/2015	Date of Injury:	12/13/2001
Decision Date:	06/01/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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: Texas, Illinois

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 32 year old female, who sustained an industrial injury on 12/13/2001. She reported low back pain. The injured worker was diagnosed as having status post lumbar surgery; Treatment to date has included medications, lumbar surgery, epidural injection, and magnetic resonance imaging. The request is for Methadone. The records indicate she has been utilizing Methadone since at least October 2014. On 3/25/2014, she complained of low back pain. She rated her pain as 6/10. The records indicate she has had substantial benefit from medications. The treatment plan included: aquatic therapy, Soma, and Zanaflex, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Methadone.

Decision rationale: The injured worker sustained a work related injury on 12/13/2001. The medical records provided indicate the diagnosis of status post lumbar surgery with failed spinal surgery syndrome, Treatment to date has included medications, lumbar surgery, epidural injection. The medical records provided for review do not indicate a medical necessity for. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate this medication was started in 09/2014, at that time the injured worker was also on Norco, (another opioid). The worker has continued to complain of 6/10 pain; she is poorly monitored for pain control. The Official Disability Guideline does not recommend Methadone as a first line opioid: it is categorized as an "N" drug meaning it requires utilization review and an explanation on why it should be used rather than the first line opioids, if opioid is indicated. It is associated with a lot of side effects and requires monitoring the EKG.