

Case Number:	CM15-0093475		
Date Assigned:	05/19/2015	Date of Injury:	09/15/2010
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/14/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on 9/15/10. The injured worker has complaints of lower extremity pain. The documentation noted on physical findings the lower extremities noted an erythematous mottled like quality with scaling throughout the lower limbs and marked swelling of the bilateral feet. The diagnoses have included industrial based complex regional pain syndrome (CRPS) lower extremity type 2, chronic. Treatment to date has included three-phase bone scan with whole body imaging on 10/28/14 showed significantly greater perfusion through the right lower extremity than the left, with only a small degree of increased uptake over the mid dorsal left foot, the disparity in blood flow in the lower extremities was consistent with reflex sympathetic dystrophy, (complex regional pain syndrome (CRPS); hyperbaric treatment; lyrica and methadone. The request was for methadone 10mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.