

Case Number:	CM15-0093997		
Date Assigned:	05/20/2015	Date of Injury:	01/15/2005
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 56 year old female injured worker suffered an industrial injury on 01/15/2005. The diagnoses included myalgia and myositis, migraine, cervicgia, sleep disturbance, depressive disorder and right hand degenerative joint disease, possible reflex sympathetic dystrophy with hypersensitivity of the left leg and fibromyalgia. The injured worker had been treated with medications. On 3/3/2015 the treating provider reported right shoulder pain, right wrist and thumb pain. The treatment plan included Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg quantity 70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 93; 76-78;78-80;124.

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 medications. 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 continue to have severe pain despite the use of Methadone. Furthermore, it appears that a multidisciplinary approach was not used in this patient who continued to report severe pain despite the use of Methadone and other pain medications. Based on the above, the prescription of Methadone 10mg #70 is not medically necessary.