MAXIMUS Federal Services

Case Number:	CM15-0096646		
Date Assigned:	05/27/2015	Date of Injury:	01/29/2004
Decision Date:	06/25/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/19/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 was a 44 year old male, who sustained an industrial injury, January 29, 2004. The injured worker previously received the following treatments Methadone, Norco, Lyrica, Valium, Lido cream, previous back surgery in 2011 and lumbar spine MRI. The injured worker was diagnosed with right shoulder joint pain, thoracic degenerative disc disease, lumbar degenerative disc disease, cervicalgia, postlaminectomy syndrome, thoracic pain and lumbar facet arthropathy. According to progress note of April 9, 2015, the injured workers chief complaint was back pain. The injured worker rated the pain 8 out of 10 with the use of pain medication. The injured worker continued to stay active by taking out the trash, killing black widow spiders around the house and caring for grandchildren. The injured worker's pain level without pain medication was 10 out of 10 and with pain medication reduced the pain to 5 out of 10. The injured worker would not be able to get out of bed without the use pf pain medications. The physical exam noted the injured worker was able to transfer, however, slowly. The injured worker walked with an antalgic gait without the use of a device. There was tenderness to thoracic and lumbar spine. There was decreased range of motion of torso and back due to pain. There were sensory deficits in the L4-L5 dermatomes bilaterally, left greater than the right. There was decreased strength of 4 out of 5 in the bilateral lower extremities. There were sensory deficits in the bilateral lower extremities at the bilateral L5-S1 dermatomes along with decreased range of motion of the right shoulder. There was tenderness and crepitus of the right shoulder. The treatment plan included a prescription for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids, criteria for use; Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification. The claimant was identified as narcotic seeking in 2012 after which point Methodine had been provided. Recent notes on 4/9/15 indicates the claimant has 9/10 pain and is on Methadone and Norco. The current regimen is not providing adequate pain relief and the use of Methadone with Norco without current indication for need of detoxification or addiction is not medically necessary.