

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	4/15/2004
IMR Application Received:	8/2/2013
MAXIMUS Case Number:	CM13-0006142

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Methadone 10mg #112 is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/2/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Methadone 10mg #112 is medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in C. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient has a date of injury 4/15/04, the progress report dated 7/25/12 by [REDACTED] MD noted that the patient reported low back, hip and leg pain rated at 8/10. Exam showed tenderness to palpation and muscle rigidity in the lower spine. The patient's diagnoses were noted to be lumbago and pain in limb. The 8/22/12 progress report added post laminectomy syndrome of lumbar region. The patient was taking Neurontin 600mg tid and Methadone 10 mg QID for pain. The patient denied any untoward side effects from the medication with adequate pain control. The patient stated that without the pain medication he would not be able to attend to ADLs. The progress report dated 8/14/13 noted that the patient continues to have low back pain that is helped by his pain medication and no untoward side effects. The patient's active pain medications included gabapentin 600 mg tid, Mobic 15 mg daily, and Methadone 10 mg QID. An appeal letter dated 7/24/13 by [REDACTED] MD noted that the patient is taking Methadone 10 mg tid. The patient expresses 85% pain relief with the Methadone. Regarding ADLs the patient reports that "I would be in a chair without moving if I didn't have the Methadone". The patient noted that he can walk 1 block with the Methadone and only 50 yards without it. The patient noted that he could help his wife with housework due to the Methadone and it also allows him to do daily upper and lower back exercises. The patient also reports that "I sleep well with the Methadone, without it I would have terrible interrupted sleep".

## Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### 1) Regarding the request for Methadone 10mg #112:

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination.

The Expert Reviewer based his/her review Chronic Pain Medical Treatment Guidelines, Methadone, pgs. 61-62, which is part of the (MTUS).

#### Rationale for the Decision:

The medical records indicate that the employee has been stable on the Methadone 10 mg without side effects for over a year and with evidence of significantly decreased pain and improvement in function as well as quality of life. The guideline criteria have been met. **The request for Methadone 10mg #112 is medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.