

Case Number:	CM14-0145838		
Date Assigned:	09/12/2014	Date of Injury:	06/15/2000
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old male who reported an injury on 06/15/2000. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbago, cervicgia, cervical cranial syndrome, spasm of muscle, post laminectomy syndrome of the lumbar region, unspecified myalgia and myositis, displacement of the lumbar disc without myelopathy, degenerative cervical intervertebral disc, thoracic/lumbosacral neuritis/radiculitis unspecified, and lumbar/lumbosacral intervertebral disc displacement. Past medical treatment consisted for surgery, physical therapy, spinal cord stimulator implantation, and medication therapy. Medications included Cymbalta, Fentora, Lexapro, Miralax, morphine, Prilosec, sumatriptan, trazodone, and Valium. On 07/22/2014, the injured worker underwent a CT scan of the lumbar spine. The injured worker also underwent a CT scan of the lumbar spine on 10/26/2011. On 08/26/2014, the injured worker complained of chronic neck pain. The physical examination dated 08/25/2014 revealed that the lumbar spine had palpable paravertebral muscle tenderness with spasm. The seated nerve root test was positive. The examination of the range of motion revealed standing flexion and extension were guarded and restricted. Sensation and strength were within normal limits. The rationale was not submitted for review. The Request for Authorization form was submitted on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg x 60 prescribed on 8/26/14: Upheld

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

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

Decision rationale: The request for methadone is not medically necessary. The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain. The potential benefits outweigh the risks. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug. Pain relief, on the other hand, only lasts for 4 to 8 hours. Methadone should only be prescribed by providers experienced in using it. The submitted documentation lacked any pertinent evidence as to physical objective findings that would warrant the use for the medication. Additionally, the provider did not submit a rationale as to how he felt the medication would help with any functional deficits. Furthermore, it was not indicated the submitted report that the injured worker had tried and failed any first line conservative treatment. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.