

Case Number:	CM14-0154345		
Date Assigned:	09/23/2014	Date of Injury:	08/17/1985
Decision Date:	11/05/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 69 year old male with a date of injury on 4/29/1996. Diagnoses include post cervical laminectomy syndrome, cervical disc degeneration, and cervical radiculitis. Subjective complaints are of neck pain that is rated 8/10 without medications, and 6/10 with medications. Physical exam shows cervical pain with decreased range of motion. Upper extremity strength and sensation is intact. Medications include Talwin, omeprazole, paroxetine, and Robaxin. Request is for Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE, OPIOIDS Page(s): 61, 74-96.

Decision rationale: CA Chronic Pain guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Guidelines state that basis rules for prescribing methadone include: Weighing the risks and benefits before prescribing methadone. Closely monitor patients who receive methadone, especially during treatment

initiation and dose adjustments. For this patient, moderate to severe pain is present. Documentation does not identify a request or rationale for methadone therapy. It does not appear that the patient is failing his current medication regimen. Therefore, the medical necessity for Methadone 5mg #100 is not established at this time.