

Case Number:	CM13-0027515		
Date Assigned:	01/22/2014	Date of Injury:	02/28/2001
Decision Date:	03/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 physician 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:

This is a 60 year-old [REDACTED] male who was injured on 2/28/2001. On 9/3/13 [REDACTED] UR denied the use of Methadone and Oxycodone based on the 8/22/13 and 5/28/13 medical reports from [REDACTED]. The 5/28/13 report was not available for this IMR, but I have been provided the 8/22/13 report. According to [REDACTED], on 8/22/13, the patient presents with low back pain that radiates to both legs. [REDACTED] states the pain medications help decrease pain and increase functional status, but there was no baseline numeric pain scale provided for comparison. Exam showed tightness in the paraspinals and decreased motion. There was no diagnosis listed on the report. He is not working. He has a pedometer and states he averages 5000 to 12000 steps per day. The 4/18/13 report shows the diagnosis of lumbar radiculopathy; lumbar DDD and low back pain. There was no description of improvement with medications on the 4/18/13 report. There was no description of functional benefit with the medications on the 5/16/13, 6/20/13 or 7/18/13 reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88-89.

Decision rationale: The patient presents with low back and leg pain. The MTUS Guidelines indicate that "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and continues: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For long-term use of opioids, MTUS criteria indicate: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is no reporting on efficacy of the medications using a numeric scale or validated instrument. The documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of the methadone or Oxycontin. The MTUS Guidelines do not recommend continuing treatment if there is not a satisfactory response.

Oxycodone/APAP 5-325 mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60-61.

Decision rationale: The employee presents with low back and leg pain. The MTUS Guidelines indicate that "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and continues: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For long-term use of opioids, MTUS criteria indicates: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is no reporting on efficacy of the medications using a numeric scale or validated instrument. The documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of the methadone or Oxycontin. The MTUS Guidelines do not recommend continuing treatment if there is not a satisfactory response.