

Case Number:	CM13-0031764		
Date Assigned:	12/04/2013	Date of Injury:	10/17/2008
Decision Date:	01/15/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

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 and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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:

The patient is a 31 year old male who reported injury on 10/17/2008. The mechanism of injury was noted to be the patient was driving a truck with bad suspension and was hitting multiple bumps. The patient complained of persistent pain in the lumbar spine. The patient had a microdiscectomy on 05/31/2011. The diagnosis were noted to be Lumbar Radiculopathy and Disc Disorder Lumbar. The treatment plan was noted to include Methadone 10mg #90 and Percocet 10/325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section, Opioid Classifications Section and On-Going Management Section Page(s): 61,75.

Decision rationale: California MTUS guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk and that for on-going management there should be documentation of the 4 A's, analgesia, activities of daily living,

adverse side effects and aberrant drug behavior. Clinical documentation submitted for review indicated that the patient had an increased activity level. The physical examination indicated the patient's range of motion was limited by pain and the motor testing was limited by pain. It indicated that the patient had signed a pain contract. However, it failed to provide documentation of the 4 A's for on-going management, thereby failing to support the efficacy of the requested medication and failing to support ongoing use of the medication. Additionally, clinical documentation failed to indicate the necessity for 2 pain medications. Given the above, the request for Methadone 10mg #90 is not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications Section, and On-Going Management Section Page(s): 75,78.

Decision rationale: California MTUS guidelines recommend short acting opioids, including Percocet for controlling chronic pain and that for on-going management there should be documentation of the 4 A's, analgesia, activities of daily living, adverse side effects and aberrant drug behavior. Clinical documentation submitted for review indicated that the patient had and increased activity level. The physical examination indicated the patient's range of motion was limited by pain and the motor testing was limited by pain. It indicated that the patient had signed a pain contract. However, it failed to provide documentation of the 4 A's for on-going management, thereby failing to support the efficacy of the requested medication and failing to support ongoing use of the medication. Additionally, clinical documentation failed to indicate the necessity for 2 pain medications. Given the above, the request for Percocet 10/325mg #90 is not medically necessary.