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| Case Number: | CM13-0037044 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 09/20/1991 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/22/2013 |

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 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:

The patient is a 53-year-old female who reported an injury on 09/20/1991. The patient is diagnosed with chronic low back pain, kyphoscoliosis, depression, anxiety, and chronic pain syndrome. The patient was seen by [REDACTED] on 08/07/2013. The physical examination revealed stiffness when standing from sitting and depression. The treatment recommendations included continuation of current medications including methadone, Oxycodone, Lamictal, Prevacid, Fluoxetine, Magnesium, and Docusate Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnesium 64mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines state medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician and

which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principals, are established by medical evaluation. As per the clinical notes submitted, the patient continuously utilizes opioid medication including methadone, which could result in a low magnesium level. However, there is no evidence of a magnesium deficiency. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.

Methadone 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section, Opioids Section Page(s): 61-62, 74-82.

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefits outweigh the risk. As per the clinical notes submitted, the patient has continuously utilized this medication. Satisfactory response to treatment has not been indicated. The patient continues to report persistent pain. The clinical notes indicate the patient's methadone dose was decreased by 1 tablet daily which the patient tolerated well without significantly increased pain. Therefore, given the patient's response to the weaning process, continuation of weaning is appropriate. Based on the clinical information received, the request is non-certified.