

Case Number:	CM13-0037584		
Date Assigned:	12/18/2013	Date of Injury:	04/17/1997
Decision Date:	04/18/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 49-year-old male who reported an injury on 04/17/1997 after a sudden onset of pain in the lower back due to a sneeze while performing normal job duties. The patient's most recent clinical evaluation documented that the patient had 5/10 pain with medications that elevated to a 10/10 without medications. It was noted that the patient's chronic pain was managed with multiple medications. The patient had an appropriate CURES report, urine drug screen, and pill count. Physical findings included restricted lumbar range of motion secondary to pain, restricted right shoulder pain, right shoulder range of motion secondary to pain. Positive Patrick's test and reverse Thomas test bilaterally of the lumbar spine. The patient's medication schedule included methadone 10 mg and Norco 10/325 mg. The patient's diagnoses included spondylosis of the lumbar spine without myelopathy, subacromial bursitis, carpal tunnel syndrome, lumbar radiculitis, spondylosis without myelopathy of the cervical spine, and mycosis pain. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested methadone 10 mg #180 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends that continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The patient's clinical documentation indicates that the patient has been on this medication since at least 04/2012. The clinical documentation does indicate that the patient is regularly monitored with urine drug screens and has an appropriate cures report and pill count. Additionally, it is documented that the patient's pain is reduced from a 10/10 to a 5/10 with medication usage. However, the clinical documentation fails to provide adequate assessment of the patient's functional increases as a result of medication usage. As such, the requested methadone 10 mg #180 is not medically necessary or appropriate.

Alprazolam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 24.

Decision rationale: The requested Alprazolam 1 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support long-term use of benzodiazepines as there is a high risk for psychological and physiological dependence. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 04/2012. The requested medication exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Alprazolam 1 mg #60 is not medically necessary or appropriate.