

<b>Case Number:</b>	CM13-0038759		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/03/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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:

This is a male with an 11/03/2006 date of injury, when he was lifting two large pieces of meat at the same time, he slipped and fell into a seated position, and the meat landed on top of him. 9/5/13 determination was non-certified. The reasons for non-certification were not included for review. The only medical report available was a 6/4/12 AME which indicated constant pain in the lumbosacral region that radiated when intense. Radiation was up to the neck and down both legs to the feet. The leg pain was intermittent. There was also numbness and tingling of the lower extremities. Exam revealed tenderness throughout the entire back area and primarily in the lumbosacral region. Reflexes and sensory examination was normal. The patient could toe and heel walk. Diagnosis include diskogenic back and leg pain. Future medical care included periodic physician follow-up and treatment with anti-inflammatory medications, pain medications, muscle relaxants, and antacids. The patient was also candidate for electrodiagnostic studies and a trial of epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BLINDED PAIN COCKTAIL METHADONE , 1 MG PER 20CC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

**Decision rationale:** The California MTUS Recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The MTUS guidelines state to avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Patients who receive methadone must be closely monitored, especially during treatment initiation and dose adjustments. There were no medical reports available to identify the need for the use of pain cocktails in this particular patient. No medication history or any recent reports from the requesting provider. There was not sufficient documentation available to render an appropriate determination for this request, and therefore, the medical necessity was not substantiated.

**BLINDED PAIN COCKTAIL SUGAR FREE SYRUP, 20CC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

**Decision rationale:** There were no medical reports available to identify the need for the use of pain cocktails in this particular patient. No medication history or any recent reports from the requesting provider. There was no clarification of which pain medication was included in this third cocktail prescribed. There was not sufficient documentation available to render an appropriate determination for this request, and therefore, the medical necessity was not substantiated.

**BLINDED PAIN COCKTAIL TRAMADOL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There were no medical reports available to identify the need for the use of pain cocktails in this particular patient. No medication history or any recent reports from the requesting provider. There was not sufficient documentation available to render an appropriate determination for this request, and therefore, the medical necessity was not substantiated.