

Case Number:	CM13-0048171		
Date Assigned:	12/27/2013	Date of Injury:	11/19/2007
Decision Date:	04/29/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

A 59 year old male injured worker with date of injury 11/9/07 with related left groin, anterior thigh and low back pain. Per 10/24/13 evaluation, range of motion in the lumbar spine was severely limited in all planes, injured worker uses cane for ambulation. 5/5 motor strength of the major groups of the lower extremity. Treatment to date has included medication management, acupuncture, physical therapy, lumbar epidural steroid injections, and braces/casts for his condition. The date of UR decision was 10/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

METHADONE 5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p79 regarding when to discontinue opioids: (g) Immediate discontinuation has been suggested for: evidence of illegal activity including diversion, prescription forgery, or stealing; the patient is involved in a motor vehical accident and/or arrest related to opioids, illicit drugs and/or alcohol; intentional suicide

attempt; aggressive or threatening behavior in the clinic." Urine collected on 3/28/13 tested positive for cocaine, amphetamines, methamphetamine, MDMA, and methadone. The results were confirmed the following day. A further urinalysis in June 2013 tested positive for amphetamines and methamphetamine.

SENOKOT S: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN (CHRONIC)

Decision rationale: In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. As the prescription of opioids is not medically necessary, the prescription of prophylactic treatment of constipation is not medically necessary.