MAXIMUS Federal Services

Case Number:	CM13-0071680		
Date Assigned:	01/08/2014	Date of Injury:	05/22/2000
Decision Date:	04/23/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational 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:

The patient is a 55-year-old male who was injured on 05/22/2000. The mechanism of injury is unknown. The patient has been treated with conservative care including extensive medications and epidural steroid injections. Medications as of 12/29/2013 Included: Oxymorphone, Methadone, Norco, Flexeril, Valium, Zolpidem, Gabapentin, Omeprazole, and Lyrica 75. Urine drug screen on file was from 09/12/2013, which was positive for hydrocodone, oxymorphone, methadone, and Gabapentin. PR2 dated 03/05/2013 documented the patient to have a 6/10 pain rating. He was prescribed a small amount of methadone due to previous problems with medication authorization, which had resulted in a withdrawal. The patient is currently prescribed Fentanyl patch, Butrans patch, Norco, Flexeril for muscle spasms, gabapentin for neuropathic pain, Lyrica for neuropathic pain and Zolpidem for sleep issues. It is stated that the preferred medication for the patient as far as a baseline pain, is oxymorphone ER. The physician states there would not be a need for methadone if the oxymorphone was authorized on a consistent basis. PR2 dated 12/09/2013 reported the patient with a 5-6/10. It is noted that the oxymorphone and methadone was authorized and was dispensed to the patient at the last visit. He associates this with decreases in his baseline pain. The patient's condition over the past six to seven months has hinged on whether appropriate treatment was authorized or not. The patient states that his function and activities of daily living, both in and outside the home, have been much better when he receives consistent treatment. On physical exam findings, which are essentially unchanged since 03/05/2013, demonstrates sciatic notch tenderness bilaterally; tenderness over the facets and a positive facet provocation bilaterally. He is tender over the sacroiliac joints bilaterally. There is a positive straight leg raise on the right, a sensory deficit in the right lower extremity; thermal and vibratory sensation over the dermatomes at L4 and L5; motor weakness in the right ankle and dorsiflexion and in the right knee. Patellar reflex is absent on the right. He has is

decreased range of motion of the lumbar spine and significant pain in flexion/extension movement. He has significant pain in flexion and extension movements. His gait is somewhat shuffling. He also has cervical issues, including cervical spasms along the trapezius muscle groups into the right shoulder. Functional Status: The patient's functional status has actually improved this month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF METHADONE 10MG QTY 180: Upheld

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

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

Decision rationale: Per CA MTUS, methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risks. It is also noted that the product is only FDA approved for detoxification and maintenance of narcotic addiction. Based on the medical documentation, the prescribing physician requested methadone due to previous problems with medication authorization that had resulted in withdrawals. However, there is no indication at this time that the prescribing physician is trying to detoxify the patient from other narcotics being taken or maintain narcotic addiction. The benefits of methadone use do not appear to outweigh the risks for this patient. The patient is not working. Objective functional improvement attributable to opioid use is not clearly established. Therefore, methadone use is non-certified.

1 PSYCH EVALUATION FOR SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluation for SCES and spinal cord stimulators Page(s): 105-107.

Decision rationale: According to the CA MTUS, spinal cord stimulators are recommended for patients with failed back syndrome, CRPS post amputation pain, spinal cord injury or pain associated with multiple sclerosis. According to the documentation, the patient has diagnoses of lumbago with radiculopathy, SI joint and facet arthropathy, cervical radiculopathy, myofascial syndrome, bilateral shoulder arthropathy, bilateral epicondylitis, right carpal tunnel syndrome, reactive sleep disturbance, and reactive depression. Further, the records only indicate the patient has tried epidural steroid injections and medication treatment. There is no other conservative treatment mentioned throughout the record. Failed back syndrome is not established. As the patient is not a candidate for a spinal cord stimulator, he would not be a candidate for spinal cord

stimulator psychological evaluation. Therefore, psych evaluation for spinal cord stimulator is non-certified.