MAXIMUS Federal Services

Case Number:	CM13-0072593		
Date Assigned:	01/10/2014	Date of Injury:	07/26/2004
Decision Date:	05/07/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 Orthopedic Surgery 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 43-year-old male who was injured in a work related accident 07/26/04. Limited clinical records are available for review, including one progress report dated 10/17/13, handwritten indicating constant low back and radicular pain to the lower extremities with objective findings demonstrating tenderness to palpation and no documented neurologic findings. The claimant's working diagnosis was that of lumbar discogenic syndrome and recommendations were for a repeat urine toxicology screen with continued use of medication management. Prior utilization review indicates that methadone and Norco were approved in a weaning fashion for restricted number of pills for weaning purposes. There was also a denial for continued use of Senna and weaning of Paxil at a weaning dose noted. There is request at present for continued use of Methadone, Norco, Paxil and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: Based on California MTUS guidelines, the continued role of narcotic analgesic in this case would not be indicated. Previous utilization review demonstrated that the claimant had been prescribed a weaning dose for the purpose of removing the abovementioned agent. There would be no clinical information available for review to support continued role of this medication. The specific request in this case would not be supported.

Norco 5/325 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: The Expert Reviewer's decision rationale: Based on California MTUS guidelines, the continued role of narcotic analgesic in this case would not be indicated. Previous utilization review demonstrated that the claimant had been prescribed a weaning dose for the purpose of removing the abovementioned agent. There would be no clinical information available for review to support continued role of this medication. The specific request in this case would not be supported.

Paxil 20 mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS states, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." When looking at Official Disability Guidelines criteria Paxil would not be indicated. Paxil, an SSRI would be indicated as a secondary role for treating depression, but is not recommended presently in the chronic pain setting. Given the claimant's clinical presentation and working diagnosis, the specific request in this case would not be supported.

Senna #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's decision rationale: CA MTUS states, "Steps before a therapeutic doses of opioids, prophylactic treatment of constipation should be initiated."When

looking at Official Disability Guidelines the role of Senna, a protective constipation agent would not be indicated as the need for continued use of narcotic analgesics in this case have not been supported.