

Case Number:	CM14-0104959		
Date Assigned:	07/30/2014	Date of Injury:	03/25/2008
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year-old female who reported an injury on 03/25/2008. The mechanism of injury was not stated. Current diagnoses include chronic pain and lumbar radiculopathy. The injured worker was evaluated on 06/02/2014 with complaints of persistent neck pain with radiation into the bilateral upper extremities and low back pain with radiation into the bilateral lower extremities. The injured worker reported 6/10 pain with medication and 10/10 pain without medication. The current medication regimen includes methadone HCl 10 mg, Norco 10/325 mg, Wellbutrin 150 mg, Buspar 15 mg, Clonazepam 0.5 mg, Omeprazole 20 mg, Ambien 5 mg, and Trazodone 100 mg. Physical examination on that date revealed spasm in the lumbar spine, tenderness to palpation at L4-S1, limited lumbar range of motion and positive straight leg raising bilaterally. Treatment recommendations included a urine drug screening and continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62, 74-82.

Decision rationale: California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. Despite the ongoing use of this medication, the injured worker continues to present with high levels of pain. Based on the clinical information received, the request for Methadone 10 mg daily #30 is not medically necessary and appropriate.

Norco 10/325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 12/2013 without any evidence of objective functional improvement. Therefore, the request cannot be determined as medically appropriate. As such, the request for Norco 10/325 mg #150 is not medically necessary and appropriate.