

Case Number:	CM14-0014938		
Date Assigned:	02/28/2014	Date of Injury:	11/23/1992
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurosurgery 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 claimant is a 53 year-old male who was injured on November 23, 2011. A single progress note dated November 11, 2013 is supplied for this independent medical review review. In other clinical documentation is provided. The claimant is documented again no pain rated as 6/10 and previously got good relief from a left SI joint injection that lasted approximately 24 hours. The claim is documented as currently utilizing methadone 10 mg twice daily, OxyContin 30 mg 3 times daily, Lyrica 150 mg 3 times daily and Cymbalta 60 mg once daily. The clinician documents improved daily functioning. The examination indicates the claimant is in no acute distress and rates the pain conjugate as terrorists palpation about the lumbar spine and paraspinous muscles bilaterally. Lumbar range of motion is diminished, sensation is decreased bilaterally throughout the lower extremities, and straight leg raise test reproduces severe low back pain, but does not reproduce radiculopathy. Cervical range of motion is also documented as being diminished the terrorists palpation through paraspinous muscles and trapezius bilaterally. Spurling's maneuver is not reproduce radiculopathy but does reproduce trapezius pain. The claimants OxyContin is documented as being diminished discontinued and substituted with Percocet 10/325 mg to be used up to 7 times daily. The utilization review in question was rendered on January 6, 2014. The reviewer non-certified the request for Methadone. The reviewer indicates that the claimant is currently utilizing percocet and Methadone, but makes recommendation for incesing the frequency of the Methadone to decrease the Percocet dosing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MEDICATION REVIEW FOR METHADONE 10MG, #60 AS AN OUTPATIENT FOR LOW BACK PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The morphine equivalent dosage (MED) of the current medication regiment if taken as prescribed is 185 up from the previous 170 while utilizing the oxycontin. The MTUS supports the use of methadone for the management of moderate-severe pain as a 2nd line agent. With only the single note provided, is unclear if previous medications were inadequate for why the methadone started. Additionally, the clinician fails to address the four A's (Analgesia, ADL's, adverse side effects, and aberrant drug taking behaviors) in the progress note. Given the increase in morphine equivalent dosage (MED) and the limited documentation, the request is considered not medically necessary.