

Case Number:	CM14-0017867		
Date Assigned:	04/16/2014	Date of Injury:	10/01/2001
Decision Date:	06/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51 year old male who reported an injury on 10/01/2001 due to an unknown mechanism. Clinical note dated 01/24/2014 reported the injured worker complained of lower back pain 7/10 and 8-9/10 at its worse. He was ambulating without assistance and with moderate pain over the lower back. Physical assessment reported degenerative spondylosis of the lumbar spine, lumbago and lumbar radiculopathy, and relatively controlled lower back pain. Treatment includes Methadone 10MG, Clonazepam 1MG, Oxycodone 15MG, and Gabapentin 600MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF METHADONE 10MG #270 WITH 4 REFILLS: Upheld

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

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

Decision rationale: The request for Methadone 10MG with a quantity of 270 with 4 refills is non-certified. According to the California MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain. The analgesic dose for moderately severe pain is

2.5MG to 10MG every 8-12 hours. The guidelines recommend that dosing does not exceed 120mg oral morphine equivalents per day. The request for Methadone 10MG 270 count with 4 refills well exceeds the recommendations of the guidelines. Therefore, the request is not medically necessary or appropriate.

ONE PRESCRIPTION OF CLONZEPAM 1MG #60 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Clonazepam 1MG with a quantity of 60 with 4 refills is non-certified. According to the California MTUS guidelines, Clonazepam; which is classified as a benzodiazepine, is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been taking Clonazepam since at least 12/07/2012. The request for Clonazepam with 60 refills exceed the recommendations of the guidelines. As such, the request is not medically necessary or appropriate.

ONE PRESCRIPTION OF OXYCODONE 15MG #90 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 72.

Decision rationale: The request for Oxycodone 15MG with a quantity of 90 and 4 refills is non-certified. The California MTUS guidelines suggest that the dosing of opioids should be tailored for each individual factoring in medical condition, patients prior opioid exposure, and other analgesics the patient may be taking. The guidelines recommend that dosing does not exceed 120mg oral morphine equivalents per day. Opioids can be used as a second or third line of treatment if dosing does not exceed the 120MG morphine equivalent. The request for Oxycodone 15MG with 4 refills exceed the recommendations of the guidelines. Therefore, the request is not medically necessary or appropriate.

ONE PRESCRIPTION OF GABAPENTIN 600MG #90 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 16.

Decision rationale: The request for Gabapentin 600MG with a quantity of 90 with 4 refills is non-certified. According to California MTUS guidelines Gabapentin is recommended for neuropathic pain. There is documented evidence that the injured worker was given a trial of Gabapentin of 600MG with 90 quantity for subjective neuropathic pain. However, there was lack of documentation to support the injured workers positive response to treatment. As such, the request is not medically necessary or appropriate.

ONE PRESCRIPTION OF VIAGRA 100MG #30 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE AMERICAN COLLEGE OF PHYSICIANS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PACKAGE INSERT FOR VIAGRA.

Decision rationale: The request for Viagra 100MG with a quantity of 30 with 4 refills is non-certified. The documentation indicates that Methadone was the cause of sexual dysfunction for the injured worker, which was to be treated by the Viagra. The request for the Methadone was non-certified which would relinquish the need for the Viagra to counter act any side effects of the Methodone. As such, the request is not medically necessary or appropriate.