

Case Number:	CM14-0112126		
Date Assigned:	08/01/2014	Date of Injury:	01/18/2000
Decision Date:	09/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 Texas and Oklahoma. 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 65-year-old female who reported an injury on 01/18/2000 due to an unknown mechanism. Diagnoses were chronic pain syndrome, opioid dependence, lumbar disc displacement without myelopathy, lumbar degenerative disc disease, lumbar post laminectomy syndrome, insomnia due to medical condition classified elsewhere, and depressive disorder. Past treatments were not reported. Diagnostics were an MRI of the lumbar spine 08/16/2011 with an impression of the L5-S1, there was moderate to severe disc height loss. At L4-5, there was suggestion of a right laminectomy defect. At the L3-4, there was preserved disc height and disc hydration. There was mild, right greater than left, facet hypertrophy. Physical examination dated 06/02/2014 revealed complaints of low back pain, which radiated to the left leg and foot. There were complaints of depressed mood. Examination revealed lumbar spine range of motion forward flexion was to 30 degrees, extension was to 10 degrees, right side bending was to 20 degrees, and left side bending was to 15 degrees. There was tenderness to palpation over the bilateral lumbar paraspinal muscles. Medications were Norco 10/325 mg 1 four times a day, methadone 10 mg 1 tablet 3 times a day, diazepam 10 mg 1 tablet daily, trazodone 50 mg 1 at bedtime and Prozac 20 mg 2 in the morning. The treatment plan was to continue medications as prescribed. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90 for chronic lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, * 12th ed. McGraw Hill, 2006 *Physician's Desk Reference, 68th ed. * www.RxList.com, * ODG Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm * drugs.com * Epocrates Online, www.online.epocrates.com, * Monthly Prescribing Reference, www.empr.com, * Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain page 60, Ongoing Management page(s) 78, Opioids, Dosing, page 86 Page(s): 60; 86.

Decision rationale: The request for methadone 10 mg quantity 90 for chronic lumbar pain is non-certified. The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalence per day. The injured worker is taking 280 mg of oral morphine equivalent a day. This exceeds the guideline recommendation of 120 mg daily. Also, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.