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| Case Number: | CM14-0112802 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 01/22/2001 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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 Anesthesiologist, 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 50-year-old male who reported an injury on 01/22/2001. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar radiculopathy, failed back surgery syndrome, and a positive spinal cord stimulator trial. Previous treatments included medication and a spinal cord stimulator. Within the clinical note dated 06/16/2014, it was reported that the injured worker complained of paresthesia and loss of sensation, as well as low back and neck pain radiating into the bilateral feet. The pain was described as aching and stabbing with paresthesia in to the bilateral feet. Upon physical examination, the provider noted improved tenderness and spasms of the cervical paraspinal and trapezius. There was pain noted with extension of the back. The lumbar spine had decreased range of motion with extension at 0 degrees and flexion at 30 degrees. The provider requested methadone for pain and an electrocardiogram (EKG) to followup methadone. The Request for Authorization was submitted and dated 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

Decision rationale: The request for methadone 10 mg #180 is not medically necessary. The California MTUS Guidelines recommended ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. The provider failed to document an adequate and complete pain assessment within the documentation. Therefore, the request is not medically necessary.

EKG: 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): EKG; Methadone and the National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Preoperative electrocardiogram

Decision rationale: The request for an EKG is not medically necessary. The Official Disability Guidelines recommend an EKG if the patient is undergoing a high risk surgery and those undergoing immediate risk surgeries who have additional risk factors. Patients undergoing low risk surgery do not require electromyography. There was a lack of clinical documentation indicating of undergoing surgery. Therefore, the medical necessity for the request is not warranted.