

Case Number:	CM14-0129055		
Date Assigned:	08/18/2014	Date of Injury:	07/18/1997
Decision Date:	09/18/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 records presented for review, indicate that this 65 year-old male was reportedly injured on July 18, 1997. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated August 8, 2014, indicated that there were ongoing complaints of right ankle pain and complex regional pain syndrome. The physical examination demonstrated hyperesthesia, allodynia, temperature and color changes. Diagnostic imaging studies objectified were not reviewed. Previous treatment included electrocardiogram (EKG) noting a normal sinus rhythm. A request had been made for Methadone, EKG and six sessions with a Pain Psychologist and was not certified in the pre-authorization process on July 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #90: Upheld

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

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

Decision rationale: As noted in the MTUS, this medication is recommended as a 2nd line drug for moderate to severe pain. The utilization of medication is only if the benefit outweighs the

risk. It is noted that there is a severe morbidity and mortality associated with the use of this medication. This medication is used with caution for those people with decreased respiratory reserve (asthma, COPD, sleep apnea, severe obesity). Further, there are a number of basic rules that must be met when prescribing this medication, as outlined in the MTUS. The progress notes presented to support that each of these criterion have been met. Therefore, the ongoing use of this medication is not medically necessary.

EKG: 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 Page(s): 93.

Decision rationale: A review of the guidelines do not establish that there is a need for periodic electrocardiogram when using chronic Methadone. Furthermore, the progress notes indicate that the Methadone is in the process of being weaned. Lastly, outside the guidelines, a literature review indicated that the only time the electrocardiogram, is warranted, is to evaluate chest pain. As such, based on the clinical information presented for review, the request is not medically necessary.

6 sessions with a Pain Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: The records reviewed indicate that number sessions of psychological counseling have been completed. There is no objectified efficacy or clinical improvement associated with this evaluation. As such, the continued use of such psychiatric interventions is not medically necessary.