

Case Number:	CM14-0134530		
Date Assigned:	08/29/2014	Date of Injury:	06/01/2001
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 52-year-old who reported an injury on 06/01/2001 due to a fall. The injured worker had a history of lower back, gluteal and thigh pain. The injured worker had a diagnosis of thoracic and lumbar sacral radiculopathy, muscle spasms, chronic pain due to trauma, degenerative lumbar disc disease, lower back pain, diabetes, disc replacement at the L3-4 and L4-5, radiculopathy to the thoracic and lumbar sacral region, pain induced nausea and vomiting, knee pain, and myalgia/myositis. The medications included Benadryl 25 mg, Fentanyl 25 mcg/hr, Promethazine 25 mg, Docusate sodium 100 mg, Celexa 20 mg, and gabapentin. The physical examination of the cardiovascular dated 05/23/2014 revealed a negative for chest pain, claudication, edema, irregular heartbeat or palpitations. The neuro examination revealed numbness to extremities. The musculoskeletal examination was positive for back pain and joint pain, negative for joint swelling, muscle weakness, or neck pain. Coordination intact, fine motor skills normal, deep tendon reflexes 2 to the Achilles, memory intact, analgesic gait and balance. The past treatments included a spinal cord stimulator, medication, heat, injections, massage, and physical therapy. The Request for Authorization dated 04/30/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Echocardiogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The California MTUS indicates that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk. The clinical notes did not indicate that the injured worker had any of history or physical findings that included cardiovascular signs or symptoms. As such, Echocardiogram is not medically necessary.

Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, 07/10/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet,Ongoing Management Page(s): 75, 86, 78.

Decision rationale: The California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical notes did not indicate the 4 A's: Analgesia, Activities of daily living, adverse side effects, and Aberrant drug taking behavior should be documented. The injured worker's injury was in 2001 and should be tapered off of the Percocet. The request did not indicate the frequency, dosage, route or duration. As such, Percocet is not medically necessary.

Methadone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, 07/10/2014.

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

Decision rationale: The California MTUS recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it. QT prolongation with resultant serious arrhythmia has also been noted. The clinical notes do not indicate the 4A's, the efficacy of the medication; the guidelines also indicate that use of methadone can give prolongation of the QT with resultant serious arrhythmia that has been noted. The request did not indicate the frequency, dosage, route or duration. As such, Methadone is not medically necessary.