

Case Number:	CM14-0139542		
Date Assigned:	09/05/2014	Date of Injury:	12/21/1998
Decision Date:	10/09/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine and is licensed to practice in California. 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 55-year-old female who reported an injury on 12/21/1998 due to slipping and falling on ice outside the building where she worked, landing on her back. Diagnoses were myalgia, hypothyroidism, arthropathy of spinal facet joint, chronic pain syndrome, degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, depressive disorder, back problem, low back pain, lumbosacral spondylosis without myelopathy, neck pain, thoracic radiculitis, brachial radiculitis, cervical spondylosis without myelopathy, and cervical radiculopathy. Past treatments were a sacroiliac joint injection on 07/07/2014. Diagnostic studies were not reported. Physical examination on 08/08/2014 revealed the injured worker had 50% reduction in pain due to the sacroiliac joint injection she had on 07/07/2014. The injured worker has complaints of low back pain. It was reported that it radiates to the back, left foot, right foot, and left and right thigh. A review of the 4 A's assessment revealed: the injured worker has obtained meaningful improvement in her level of pain; the injured worker has demonstrated meaningful improvement in pain reference and/or function using validated instruments as well as quality of life; the injured worker has not experienced any side effects to the prescribed medication and has not experienced an overdose event during the current treatment episode; and the injured worker has not demonstrated any evidence of a current substance use disorder. The injured worker reported her pain was a 7/10 without medications. With medications, it was reported at a 3/10. Last month on average, her pain was reported to be at a level of 4/10. Neurological exam revealed extremity weakness, gait disturbance, and numbness in the extremities. Musculoskeletal examination revealed right antalgic limp due to right hip and low back pain. Tenderness to palpation both SI joints with provocative testing. Medications were Arthrotec, levothyroxine, Lipitor, methadone, a multi vitamin, Neurontin, and Norco. Treatment

plan was to continue medications as directed. The rationale was submitted. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The decision for Methadone HCL 10mg QTY: 30.00 is not medically necessary. The Official Disability Guidelines have set up steps for prescribing methadone. The drug should be used with caution in opioid naive patients due to the risk of life threatening hypoventilation. Inform the patient that they should not be tempted to take more methadone than prescribed due to the dangerous buildup that can lead to death. The patient should be warned not to use alcohol, benzodiazepines, or other CNS depressants. Inform the patient of the potential adverse side effects of methadone. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Arthrotec 75mg / 200mcg QTY: 360.00: 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), Chronic Pain, Arthrotec

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Arthrotec 75mg / 200mcg QTY: 360.00 is not medically necessary. The California Medical Treatment Utilization Guidelines indicate that NSAIDs are recommended for short term, symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is not medically necessary.