

Case Number:	CM14-0157607		
Date Assigned:	09/30/2014	Date of Injury:	01/25/2007
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Pain Management 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 38-year-old male who sustained an injury on January 25, 2007. He is diagnosed with (a) chronic severe neck pain with bilateral arm pain, (b) cervical spine lesion, (c) cervicogenic headache due to C2-3 lesion, (d) myofascial pain and spasms, (e) poor sleep hygiene, (f) opioid dependency with tolerance, (g) depression/anxiety secondary to chronic pain, (h) low back pain due to L5 annular fissure, (h) decreased libido, and (i) high opioid tolerance. He was seen for an evaluation on July 8, 2014. He complained of neck, arm, low back, and leg pain. Examination revealed numbness sensation to the ulnar aspect of the left upper extremity. There was crepitus on range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, dispense 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 93, 78-80, 124.

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

Decision rationale: The request for Methadone 10 mg #120 is not medically necessary at this time. There was no mention in the reviewed medical records that first-line medications for moderate to severe pain were trialed and failed to warrant the necessity of Methadone.

Roxicodone 30mg, dispense 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Oxycodone Page(s): 78-80, 124 and 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for Roxicodone 30 mg is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. Hence, the request for Roxicodone 30 mg is not medically necessary at this time.

Baclofen 20mg, dispense 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request for Baclofen 20 mg #90 is considered not medically necessary at this time. According to the California Medical Treatment Utilization Schedule, baclofen is recommended as a second-line option for short-term treatment of acute exacerbations for those with chronic low back pain. There was no mention in the medical records that there was failure of trial of first-line therapy. More so, it has been determined from the medical records that the injured worker has been taking this medication on a long-term basis as this has been provided since January 2013. Hence, Baclofen 10 mg #90 is medically inappropriate at this time.

Celebrex 200mg, dispense 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDS (Non-Steroidal Anti-Inflammatory Drugs)

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

Decision rationale: The request for Celebrex is not medically necessary at this time. There was no documented significant and functional objective benefit derived from this medication. Medical necessity was not established based on the reviewed medical records.