

Case Number:	CM14-0172059		
Date Assigned:	10/23/2014	Date of Injury:	12/30/1998
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation, 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 sustained low back injuries on 12/24/98. He is status post L3-S1 fusion. He is being treated for left sacroiliitis, right shoulder arthralgia, chronic pain syndrome and lumbar facet arthropathy. It is reported the pain level is at 8-9/10 with associated lower extremity numbness that radiates to the foot. Pain is made worse with activities of daily living. Pharmacologic pain management includes Vicoprofen, methadone and topical cream. As reported, these interventions provide 44-50% relief of pain. Physical examination indicates impaired lumbar range of motion throughout, antalgic gait and lumbar paraspinal tenderness. The injured worker is also receiving trigger point injections. It is indicated that the medications are effective at decreasing pain and increasing activity level. There is an attempt to wean methadone from 5 mg at 2.5 mg twice daily. Request was subsequently made for methadone 5 mg #60 and Vicoprofen 7.5/200 mg 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-93.

Decision rationale: Without pain medication the patient rates his pain 9-10/10 and with medication it decreases to 7-8/10 on the pain scale. MTUS guidelines recommend methadone for moderate to severe pain up to 10 mg every 8-12 hours. Request for methadone is consistent with MTUS guidelines and is therefore medically necessary.

Vicoprofen 7.5/200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-93.

Decision rationale: Without pain medication patient rates his pain 9-10/10 and with medication it decreases to 7-8/10 on the pain scale. MTUS guidelines recommend Vicoprofen for short-term use only, generally less than 10 days. Request for Vicoprofen exceeds MTUS guidelines and is therefore not medically necessary.