

Case Number:	CM14-0173840		
Date Assigned:	10/27/2014	Date of Injury:	04/09/1999
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 67-year-old male with date of injury of 04/09/1999. The listed diagnosis per [REDACTED] from 07/22/2014 is status post low back surgery from 2001. According to this report, the patient complains of constant low back pain radiating to the lower extremities with numbness and tingling. The patient rates his pain 9/10 to 10/10. The examination shows the patient's lumbar range of motion is flexion 20 degrees, extension 5 degrees, right lateral flexion 5 degrees, left lateral flexion 5 degrees. No other findings were noted on this report. The documents include progress reports from 04/24/2014 to 08/15/2014. The utilization review denied the request on 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with low back pain radiating to the lower extremities. The treater is requesting Methadone 10 MG quantity 90. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommends that reasonable alternatives have been tried considering the patient's likelihood of improvement, likelihood of abuse, et cetera. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records show that the patient's current lists of medications include hydrocodone, Zanaflex, Robaxin, Prozac, Restoril, aspirin, atorvastatin, Lyrica, lisinopril, vitamin D, and vitamin B12. The treater notes on 06/02/2014 that the patient has taken methadone in the past for his chronic lumbar pain; however, the exact date was not documented. The 06/25/2014 report by [REDACTED] shows that the patient continues to complain of persistent lower back pain that is worsening radiating down his legs right greater than the left. He rates his pain 9/10. Examination of the lumbar spine revealed tenderness in the paraspinals equally. The urine drug screen from 07/24/2014 shows inconsistent result with prescribed medications. In this case, the treater appears to be starting this patient on Methadone for the patient's high level of pain. However, the patient's inconsistent UDS results are not addressed. There is no evidence that previous opiates have resulted in any pain reduction. MTUS does not recommend opiates when there has been no response of inadequate response to trial. The request is not medically necessary.