

Case Number:	CM14-0173858		
Date Assigned:	10/27/2014	Date of Injury:	06/19/2008
Decision Date:	12/03/2014	UR Denial Date:	09/17/2014
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 Physical Medicine and 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 is a 55-year-old female who reported an injury on 06/19/2008. The mechanism of injury occurred when the chair she was sitting on moved away from her, and she fell onto her buttocks. Diagnoses included failed back surgery syndrome, lumbar disc bulges, lumbar neuralgia, lumbar facet joint pain, sacroiliac joint pain, myofascial pain/spasm, and opioid dependence. Past treatments included spinal cord stimulator trial, physical therapy, acupuncture, epidural steroid injection, a walker, and medications. An unofficial MRI of the lumbar spine was completed on 12/20/2010, and reportedly revealed recurrent or residual extruded disc fragment with possible left L5 impingement, and a foraminal protrusion abutting and displacing the left L4 nerve. Surgical history included L4-5 decompression and fusion in 08/2010 and exploratory lumbar surgery in 10/2011. The clinical note, dated 08/26/2014, indicated the injured worker complained of severe chronic lumbar spine pain radiating to the bilateral lower extremities, rated 9/10 to 10/10. The physical exam of the lumbar spine revealed paravertebral muscle spasm and tenderness, tenderness to the bilateral sacroiliac joints, decreased range of motion, positive bilateral straight leg raise, and paresthesias along the L5 and S1 dermatomes. The physician also noted lower extremity motor strength rated 5/5, and deep tendon reflexes rated 2/4 at the right patellar tendon, and 1/4 at the left patellar and bilateral Achilles tendons. Current medications included methadone 10 mg every 6 hours as needed for pain, gabapentin 600 mg every 8 hours, Flexeril 10 mg every 8 hours, and amitriptyline 25 mg at bedtime. The treatment plan included methadone 10 mg, 1 tablet by mouth every 6 hours #120, and Flexeril 10 mg, 1 tab by mouth every 8 hours #90. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Methadone 10mg, one tab by mouth every six hours #120 is not medically necessary. The California MTUS Guidelines indicate that four domains have proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical note, dated 08/26/2014, indicated the patient complained of pain rated 9/10 to 10/10. She had been taking the requested medication since at least 01/2014. There is a lack of documentation of the efficacy of the requested medication, including quantified pain relief and functional improvement. Additionally, there is lack of documentation for the objective assessment of nonadherent drug related behaviors through the use of urine drug screens. It is unclear when the patient last completed a urine drug screen. Therefore, the treatment plan cannot be supported at this time, and the request for Methadone 10mg, #120 is not medically necessary.

Flexeril 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 10mg, one tab by mouth every eight hours #90 is not medically necessary. The California MTUS Guidelines indicate that Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, and treatment should be brief. The clinical note, dated 08/26/2014, indicated the patient complained of pain rated 9/10 to 10/10. The physical exam revealed spasms in the paravertebral muscles of the lumbar spine. The injured worker had been taking the requested medication since at least 01/2014. There is a lack of clinical documentation of the efficacy of the requested medication, including quantified pain relief, decreased muscle spasm, and functional improvement. Additionally, the treatment plan for the requested medication is longer than the short course of treatment as recommended by the guidelines. Therefore, the treatment plan cannot be supported at this time, and the request for Flexeril 10mg, #90 is not medically necessary.

