

Case Number:	CM14-0175774		
Date Assigned:	10/28/2014	Date of Injury:	07/25/2005
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/22/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old male who had a work injury dated 7/28/05. The diagnoses include spondylosis of unspecified site without mention of myelopathy; lumbar disk herniations; chronic pain syndrome; lumbar radicular pain; multilevel degenerative changes of the lumbosacral spine. A 7/31/14 progress note states that the patient comes in today for scheduled follow-up appointment. He has left leg pain secondary to multi-level degenerative changes of the lumbar spine. He has chronic low back pain. He reports 30 percent relief on current regimen. He had an EKG done. The requests for L/S MRI and epidural injection-were denied. He is stable on his pain medication regimen. He is in compliance. There was no significant interval change as compared to previous visit. Patient's questionnaire was reviewed and discussed. All questions were addressed. Since the last visit, patient has been compliant with pain management /controlled substances agreement. He is taking Methadone HCl 10 mg Tablet I tablet Every 8 hours; taking Soma 350 MO Tablet I tablet as needed three times a day; and taking Dilaudid 4 mg Tablet I tablet Every 6 hours, pm. On exam there is paravertebral lumbar tenderness. There is a positive left straight leg raise test. Motor system testing was decreased along left L5. Sensory testing was decreased on left L5 and symmetrical throughout the upper and lower extremities. Gait was antalgic, favoring affected side left using a cane for assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg, #90 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk Reference, 68th edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing, On-Going Management Page(s): 86, 78-80.

Decision rationale: Methadone HCL 10mg, #90 with no refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement. The guidelines state that in general, the total daily dose of opioids should not exceed 120 mg oral morphine equivalents. Additionally, the documentation indicates that the patient is well above the recommended 120mg oral morphine equivalent for his medications. The request for Methadone HCL 10mg #90 with no refills is not medically necessary.