MAXIMUS Federal Services

Case Number:	CM14-0183660		
Date Assigned:	11/10/2014	Date of Injury:	08/28/1999
Decision Date:	12/18/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 29, 1999. In a Utilization Review Report dated October 4, 2014, the claims administrator approved a request for Norco; partially approved a request for methadone, apparently for weaning or tapering purposes; and partially approved Restoril, again apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the applicant reported ongoing complaints of low back pain, 5/10 with medications versus 10/10 without medications. The applicant stated that his medications were beneficial. The attending provider stated that he was considering discontinuing Valium and perhaps starting doxepin and/or Elavil over the next few days. The applicant was currently using Norco, Valium, Restoril, Motrin, Lipitor, ramipril, Lopressor, and baby aspirin, it was acknowledged. The applicant was described as a retired carpenter and plant manager at age 57. Norco, Valium, Restoril, methadone, and Motrin were prescribed. On August 29, 2014, the applicant reported 4-5/10 pain with medications versus 10/10 without medications. The applicant stated that a recent lumbar radiofrequency ablation procedure had proven beneficial. The attending provider stated that the applicant's pain medications were keeping his pain within manageable limits and improving performance of activities of daily living. This was not elaborated or expounded upon, however. At the bottom of the report, the applicant was given a refill of Norco, Valium, Restoril, methadone, Motrin, and topical Pennsaid. On July 31, 2014, the applicant was again given refills of Norco, Valium, Restoril, methadone, Flector, and Motrin. It was stated that the applicant's pain had flared up in one section of the note while another section of the note stated that applicant's back pain was more stable. The applicant was having difficulty with pain interfering with his abilities to interact with others, work, concentrate, sleep, and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic, Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, at age 57. The applicant is no longer working as a carpenter. While the attending provider has reported some decrements in pain scores achieved as a result of ongoing opioid therapy, including ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to work and the attending provider continued reports to the effect that the applicant is having difficulty performing activities of daily living including social interaction, concentrating, sleeping, etc., despite ongoing opioid therapy. All of the foregoing, taken together, does not make a compelling case for continuation of methadone. Therefore, the request is not medically necessary.

1 prescription of Restoril 30mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): (Anxiolytics Section), 402,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section, Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on employing Restoril, an anxiolytic medication, for chronic, long-term, and/or scheduled use purposes, for sedative effect. The applicant was consistently described as having difficulty sleeping without his anxiolytic agents. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish any rationale which would compel provision of two separate benzodiazepine anxiolytics, Valium and Restoril, for chronic, long-term, and/or scheduled use purposes, for sedative effect. Therefore, the request is not medically necessary.