

Case Number:	CM14-0039093		
Date Assigned:	06/27/2014	Date of Injury:	10/16/1986
Decision Date:	08/14/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Practice 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:

66 yr. old male claimant sustained a work injury on 10/16/86 involving the low back. He was diagnosed with L4-L5 discogenic disease. He underwent a lumbar laminotomy and fusion. A progress note on 3/30/10 indicated the claimant has severe back pain and leg pain. Physical findings included decreased sensation, and diminished reflexes in the left foot . A progress noted on 1/27/14 indicated the claimant has severe back pain and leg pain. Physical findings included decreased sensation, and diminished reflexes in the left foot . He was continued on Dilaudid 4mg and Methadone 5 mg for L5 radicular symptoms during all visits since 2007 without change in exam or medications since at least 2009. He has been on Methadone and Dilaudid since at least 2007.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MUS guidelines, opioids are to be continued if there is improvement in pain and function. Dilaudid is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Dilaudid for over 6 years without significant improvement in pain or function. The continued use of Dilaudid is not medically necessary.

Methadone 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: According to the MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, the claimant has been on Methadone for over 6 years without significant improvement in pain or function. There is no indication that it is being used for opioid weaning. The continued use of Methadone is not medically necessary.