

Case Number:	CM14-0039551		
Date Assigned:	06/27/2014	Date of Injury:	02/07/2002
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 02/07/2002 when a patient jumped off a stretcher and fainted as he fell on her. Diagnoses for the injured worker were degeneration of lumbar or lumbosacral intervertebral disc and postlaminectomy syndrome, lumbar region. Past treatments for the injured worker were epidural steroid injection with moderate improvement and physical therapy with mild improvement. Diagnostic studies were not submitted for review. The injured worker has had three lumbar surgeries. She is fused from the L3 to the sacrum, a 3 level lumbar fusion. The injured worker had complaints of right-sided low back pain with bilateral low back pain that distributes into the right buttocks. The injured worker reported the pain score 2/10 to 3/10; average pain score was 2/10. Duration of pain was constant but variable in intensity. The injured worker also complained of stiffness in the low back, spasms, and interference with sleep. It was noted that the injured worker was able to ambulate greater than one city block with no assistive device. Physical examination on 05/14/2014 revealed range of motion for the lumbar spine for flexion was to 25 degrees without pain, extension was limited to 10 degrees without pain, right side bending was limited to 20 degrees without pain, and left side bending was limited to 20 degrees without pain. Palpation revealed a 2+-muscle spasm noted over the lower paraspinal. Motor strength for the lumbar spine was normal, and straight leg raising was negative. It was noted that the injured worker was accepted into a functional restoration program but was unable to attend at that time. It was also noted that the injured worker detoxified herself and has stopped using methadone. It was also noted that she continued the use of Norco for flare-ups of pain. Medications for the injured worker were Xanax 0.5 mg, Lorazepam 1 mg, methadone 5 mg, Hydrocodone 10/325 mg, and Lorazepam 0.5 mg. The treatment plan was to decrease medications on a process of a slow

elimination of medications. The rationale and the Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #30 no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The request for Methadone 5mg #30 no refill is not medically necessary. The examination note of 05/14/2014 stated that the injured worker had discontinued methadone. The California Medical Treatment Utilization Schedule recommends methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Systemic toxicity is more likely to occur in patients previously exposed to high doses of opioids. The injured worker stated she was no longer taking methadone. The request submitted does not indicate a frequency for the medication. It was not reported that the injured worker was to continue taking methadone 5 mg. Therefore, the request is not medically necessary.