

Case Number:	CM14-0043323		
Date Assigned:	07/02/2014	Date of Injury:	01/10/1994
Decision Date:	08/22/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/10/2014

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 Medicine, 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:

Female claimant is 59 years-old and sustained a work related injury on 01/10/1994. She was diagnosed with chronic low back pain, cervicgia, chronic neck pain and post-laminectomy syndrome after undergoing a lumbar fusion. A pain management progress note on 03/24/2014 stated that the claimant had 5-8/10 pain in the low back and legs. Current medications include sublingual Fentanyl, Bupropion, Celebrex, Fentanyl patches, Methadone tablets, Neurontin, Topamax, Oxycodone and Dilaudid. The claimant did not receive her Oxycodone and Methadone from the prior visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 15mg #120: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as a 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. In addition, the claimant had been on Methadone, Dilaudid and Fentanyl patches. There is no indication of use of multiple opioids. In addition, the claimant is at risk of exceeding the daily-recommended maximum of 120mg equivalent of morphine. The continued use of Oxycodone is therefore not medically necessary.

1 Prescription of Methadone 10mg #90: 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 61 Page(s): 61.

Decision rationale: According to the MTUS guidelines, Methadone is only FDA-approved for detoxification and maintenance of narcotic addiction. It is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. In addition, the claimant had been on Methadone, Dilaudid and Fentanyl patches. There is no indication of use of multiple opioids. In addition, the claimant is at risk of exceeding the daily-recommended maximum of 120mg equivalent of morphine. There is no indication of substance abuse or management of opioid withdrawal. One opioid is not proven superior to another. The use of Methadone is not clinically justified and therefore not medically necessary.