MAXIMUS Federal Services

Case Number:	CM14-0043939		
Date Assigned:	07/02/2014	Date of Injury:	06/26/1999
Decision Date:	09/09/2014	UR Denial Date:	04/09/2014
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 Physical Medicine and Rehabilitation 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:

The injured worker is a 53-year-old male who reported an injury on 06/26/1999. The mechanism of injury was not provided for clinical review. The diagnoses included postlaminectomy syndrome, lumbar region and lumbosacral spondylosis, back surgery, lumbar radiculopathy, and opioid type dependence. Previous treatments included medication, radiofrequency ablation, and injections. Within the clinical note dated 06/17/2014, it was reported the injured worker complained of chronic low back pain, left greater than right. The injured worker rated his pain 8/10 in severity. He described his pain as sharp, dull, throbbing, aching, electricity, and pins and needles. Upon physical examination, the provider indicated that the injured worker had tenderness to palpation of the lumbar paraspinous area. The injured worker had decreased sensation to touch and temperature of the dorsal and lateral aspect of the feet. The provider requested Norco to decrease pain. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone (10mg, #240 for low back pain): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Workers Cimpensation Drug Formulary, www. odg-twc.com/odgtwc/formulary.htmGoodman and

Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006.-Physician's Desk Reference, 68th ed. www.RxList.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to documentation an adequate and complete pain assessment in the documentation provided. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 12/2013. Therefore, the Methadone (10mg, #240 for low back pain) is not medically necessary.