

Case Number:	CM14-0046768		
Date Assigned:	07/02/2014	Date of Injury:	05/26/2002
Decision Date:	08/27/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/15/2014

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 50-year-old female who reported an injury on 05/26/2002. The diagnosis was lumbar/lumbosacral disc degeneration. The mechanism of injury was that the injured worker was pulling on a heavy object and turned abruptly and started to have severe low back pain. The injured worker underwent 4 back surgeries. Other therapies included physical therapy and medications. The documentation indicated that the injured worker had been utilizing opiates as of at least 09/2013. The documentation of 02/28/2014 revealed that the injured worker had low back pain and right lower extremity pain. The documentation indicated that the injured worker's current pain medications included methadone 10 mg at 4 tablets every 6 hours, Oxycodone 15 mg 1 tablet every 4 hours, Valium 10 mg 1 tablet every 8 hours and Cymbalta 60 mg 1 tablet daily. The diagnoses included degenerative disc disease of the lumbar and postlaminectomy syndrome. The treatment plan included additional surgery, an magnetic resonance imaging (MRI) of the lumbar spine and an x-ray of the lumbar spine as well as a computerized tomography of the thoracic and lumbar spine and pelvic area, preoperative lab tests and anesthesia preoperatively as well as Methadone 10 mg at 4 tablets every 6 hours and Oxycodone 15 mg 1 tablet every 6 hours as needed for pain, TENS supplies, physical therapy and a followup appointment.

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 #240 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60, 78, 85.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated that the injured worker had utilized this classification of medication since at least 09/2013. The injured worker's oral morphine equivalents per day would be 2010, which far exceeds the guideline recommendations of 120 mg of daily morphine equivalent dosing. The request as submitted failed to indicate the frequency. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for one prescription of Methadone 10 mg #240 with one refill is not medically necessary.

1 prescription of Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, page 60, ongoing management, page 78, opioid dosing, page 86 Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review failed to meet the above criteria. The clinical documentation indicated that the injured worker had utilized this classification of medication since at least 09/2013. The injured worker's oral morphine equivalents per day would be 2010, which far exceeds the guideline recommendations of 120 mg of daily morphine equivalent dosing. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for one prescription of Oxycodone 15 mg #120 is not medically necessary.