

Case Number:	CM14-0048095		
Date Assigned:	07/02/2014	Date of Injury:	02/10/2007
Decision Date:	08/01/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 50-year-old male presenting with chronic pain following a work-related injury on February 10, 2007. The claimant was diagnosed with herniated nucleus pulposus at the L5-S1 level with left lower radiculopathy and bilateral mild degeneration of the bilateral knee joint with probable bilateral symptomatic chondromalacia of the patella, left tibia and fibular fracture as well as morbid obesity. The claimant received no help from the lumbar interlaminar epidural steroid injection. The claimant reported some relief with chiropractic care and physical therapy. The claimant's medications include methadone, Norco, Lyrica, Lidoderm patches and Zanaflex with 80% reduction of pain from the medication. The physical exam was significant for paravertebral tenderness over lumbar facet joints bilaterally, antalgic gait, and tenderness to palpation over the paravertebral L3-4, L4-5 and L5-S1, positive pain on extension and flexion as well. MRI of the lumbar spine was significant for lumbar facet arthropathy at L4-5 and L5-S1. On that day the claimant was diagnosed with lumbosacral spondylosis without myelopathy, lumbar intervertebral disc degeneration and opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Methadone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: 60 Tablets of Methadone 10mg is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

240 Tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: 240 Tablets of Norco 10/325mg are not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.