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| Case Number: | CM14-0048700 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 08/02/1994 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 Orthopedic Surgery 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 records presented for review indicate that this 61-year-old female was reportedly injured on August 2, 1994. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of neck pain, upper back pain, middle back pain, bilateral lower extremity pain, and bilateral upper extremity pain. Current medications include Methadone, Percocet, Triamterene, Zanaflex, Gabapentin, Relpax, Amlodipine, Bystolic and Nexium. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness of the cervical spine paravertebral muscles. Electromyogram testing was recommended due to chronic use of methadone and refills of Methadone, Percocet, Zanaflex, and Gabapentin were prescribed. A 12 lead electrocardiogram was also recommended. A request was made for Methadone, Percocet and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: According to the medical record the injured employee's current medications are stated to decrease pain and improve function. However the current morphine equivalent dosage of the injured employees Methadone usage is 600mg which is far in excess of the recommended 120 mg daily limit. Combined with Percocet usage this totals 660 mg. This current magnitude of Methadone dosing raises concerns regarding tolerance, addiction, and abuse; issues which have not been addressed in the attached medical record. For these multiple reasons this request for Methadone HCL 10 mg #180 is not medically necessary.

Percocet 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 78 OF 127.

Decision rationale: As with the request for Methadone, the attached medical record does not address side effects, tolerance, addiction, objective pain relief, or potential aberrant behavior regarding the usage of Percocet. According to the California Medical Treatment Utilization Schedule, Medical Treatment Guidelines, these issues should be addressed with chronic opioid usage. This request for Percocet is not medically necessary.

Zanaflex 2 mg #360 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: Zanaflex is a muscle relaxant indicated as a second line option for short-term relief of acute exacerbations of chronic low back pain. The most recent progress note in the medical record dated June 19, 2014, that prescribes refills of Zanaflex does not indicate the presence of acute exacerbations or muscle spasms on physical examination. Furthermore a prescription of 360 tablets with three refills does not indicate episodic usage. For these multiple reasons this request for Zanaflex is not medically necessary.