

Case Number:	CM14-0049521		
Date Assigned:	07/07/2014	Date of Injury:	09/21/1998
Decision Date:	10/09/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/19/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 68-year-old male who was reportedly injured on 9/21/1998. The mechanism of injury was not listed. The most recent progress notes dated 5/6/2014 and 6/5/2014, indicate that there were ongoing complaints of neck, back and leg pains. The physical examination demonstrated back/anterior leg pain with lumbar flexion to 90. Straight leg raising caused back pain, and lumbar extension to 20 was pain free. There was 5/5 weakness in the iliopsoas/quadriceps bilaterally, otherwise full strength. Magnetic resonance image of the lumbar spine, dated 5/22/2013, showed degenerative disk bulges without stenosis at L4-L5 and L5-S1. Diagnoses were lumbar radiculopathy and degenerative disk disease. Lumbar epidural steroid injections were recommended on 5/6/2014. Current medications include Norco 10/325mg, Xanax 0.5mg, Lyrica 225, Adderall 10mg and Namenda 10mg. A request was made for Norco 10/325mg #60 and methadone 10mg #84, which were non-certified in a utilization review on 3/12/2014. A second utilization review on 4/9/2014 reversed the prior non-certification for the Norco 10/325mg; however, non-certified methadone 10 mg between 3/4/2014 and 6/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

Methadone 10mg #84: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), pages 61-62 of 127. Page(s): 61-62 OF.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support methadone as a second-line medication for moderate to severe pain when the benefits outweigh the risks due to the severe morbidity and mortality associated with its use. There are a number of basic rules that must be met when prescribing methadone, as outlined in the guidelines. Review of the available medical records failed to document the criteria to prescribe methadone. As such, this request is not considered medically necessary.

Xanax 0.5mg #84: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As outlined in the MTUS, this type of medication (benzodiazepine) is not recommended for long-term use as the efficacy is unproven and there is a significant risk of dependence. It would appear that "from the progress notes" that this is a chronic application of this medication. This medication is indicated for the short-term (2-4 weeks) alone. Therefore, based on the records presented and the parameters noted in the MTUS, the medical necessity of this request has not been established.

Adderall 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Amphetamine, past and present - a pharmacological and clinical perspective". J. Psychopharmacol. 27 (6): 479-496

Decision rationale: When noting the date of injury, the injury sustained, the multiple narcotic medications being prescribed there is no clear clinical indication to support the need for this amphetamine type medication. The clinical indication for Adderall is for attention deficit disorder a malady not noted in this clinical situation. Therefore, based on the clinical information presented for review (and noting this is not addressed in the ACOEM, MTUS, or ODG) this request is not medically necessary.

Namenda 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reisberg B, Doody R, StÅ¶ffler A, Schmitt F, Ferris S, MÃ¶bbius HJ; Memantine Study Group. (2003) Memantine in moderater-to-severe Alzheimer's disease. New Engl. J. Med. 348(14) 1333-41

Decision rationale: When noting the injury sustained, and that this medication is indicated for the treatment of Parkinson's disease the medical records do not establish a medical necessity for this preparation. This is not addressed in the ODG, MTUS, or ACOEM guidelines. Therefore, this is not clinically indicated and not medically necessary.