

Case Number:	CM14-0049587		
Date Assigned:	07/02/2014	Date of Injury:	09/25/2000
Decision Date:	08/26/2014	UR Denial Date:	04/11/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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 48 year old male who was involved in a motor vehicle accident on 09/25/00. The injured worker experienced quite extensive internal injuries including an ischial fracture with fecal contamination, severe rectal tear, communication of the open pelvic fracture with the acetabulum, closed right ankle fracture, closed left metacarpal base fracture, heterotrophic ossification of left hip and is status post open reduction and internal fixation of the acetabulum and colostomy. In 2007 he underwent lumbar fusion at L4 through L5 and L5 through S1. He has had a series of epidural steroid injections in the past as well. He now presents with chronic back pain, left lower extremity pain, left side low back pain; he points over the sacroiliac joint; worse with sitting, standing, and walking. It was noted that leaning backwards may be worse, denies significant stiffness or spasm. His pain is always present; pain rate at its worst is 8/10, least is 6/10, and usually pain is 8/10. Intensity varies and is unrelated to the time of day or night. The pain affects his quality of life. He states he goes to the [REDACTED] and exercises independently; otherwise he does not do much. Treatment in the past has consisted of medication, activity modification, physical therapy, surgery, injections. Current medications include: is Norco 5/325 milligrams one tablet as needed twice a day, Methadone 5 milligrams one twice a day, Levitra 2.5 milligrams one as needed four times a month, Androderm patch one patch to skin at bedtime once a day, Lidoderm 5 percent patch one patch to skin every twelve hours, and Naproxen 500 milligrams one tablet as needed every twelve hours. The injured worker states that Naprosyn has not helped. The physical examination demonstrated: full range of motion of bilateral lower extremities, normal biceps, triceps, forearm, thenar, hypothenar, quadriceps, hamstrings, and gastrocnemius, normal curvature of the spine, suboccipital and occipital tenderness, thoracic spine is nontender, scar of previous lumbar surgery, trigger points are absent, muscle spasm is absent, straight leg raise is

negative, facet tenderness, nontender bilaterally, facet loading test is negative bilaterally, sacroiliac (SI) joints, tender on left side, positive Gaenslen's, positive Fabre's, and positive compression test, positive thigh thrust, sciatic notch tenderness, spinal extension is restricted and painful with reproduction of lower back pain, inability to flex forward, ambulatory using a cane, favoring the right lower extremity, deep tendon reflexes 2+ at the biceps, 1+ at the triceps, and 1+ brachial radialis bilaterally, lower sensory examination normal to touch, no allodynia. Lower extremity motor exam normal strength in all groups, lower extremity deep tendon reflexes are 2+ at the knee jerks and 2+ ankle jerks. Diagnoses include chronic pain syndrome, post laminectomy syndrome lumbar region, degeneration of lumbar intervertebral discs, and sacroiliitis. Prior utilization review on 04/11/14 recommended weaning of the Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication review for Naprosyn 500 mg #60, as an outpatient for low back injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill. 2006; Physician's Desk Reference, 68th ed.; www. RxList.com; Official Disability Guidelines Workers Compensation Drug Formulary, www. odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www. online.epocrates.com; Monthly Prescribing Reference, www. empr.com; Opioid Dose Calculator; AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request for medication review for Naprosyn 500 milligrams quantity 60, as an outpatient for low back injury is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Naprosyn. The injured worker states that Naprosyn has not helped, there is not a significant decrease in his pain, nor is there functional improvement. Guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. Therefore medical necessity has not been established.

Medication review for Methadone 5 mg #180, as an outpatient for low back injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill. 2006; Physician's Desk Reference, 68th ed.; www. RxList.com; Official Disability Guidelines Workers Compensation Drug Formulary, www. odg-twc.com/odgtwc/formulary.htm; drugs.com; Epocrates Online, www. online.epocrates.com; Monthly Prescribing Reference, www. empr.com; Opioid Dose Calculator; AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Methadone.

Decision rationale: The request for medication review for Methadone 5 milligrams quantity 180, as an outpatient for low back injury is not medically necessary. Prior utilization review on 04/11/14 recommended weaning of the Methadone. Clinical documentation submitted for review does not support the request for methadone. No significant change in visual analog scale (VAS), no documentation of functional improvement. Therefore medical necessity has not been established.