

Case Number:	CM14-0051314		
Date Assigned:	07/07/2014	Date of Injury:	11/09/2007
Decision Date:	08/26/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left leg pain reportedly associated with an industrial injury of November 9, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; Opioid therapy; earlier lumbar fusion surgery; and earlier lumbar laminectomy. In a utilization review report dated April 12, 2014, the claims administrator denied a request for Methadone, Senokot, and a HELP program for Opioid detoxification purposes. The claims administrator, it is incidentally noted, cited guidelines on functional restoration programs in its decision to deny the detoxification program. The applicant's attorney subsequently appealed. An April 18, 2014 progress note was notable for comments that the applicant presented with ongoing complaints of pain about the low back radiating to the left thigh. The attending provider posited that the applicant could benefit from an interdisciplinary pain rehabilitation program so as to detoxify and wean the applicant off of Opioids. The applicant was being continued on Methadone at a rate of 5 mg three times daily for pain relief purposes. It was stated that the applicant had a history of drug abuse, including Methamphetamine usage. The attending provider stated that the HELP multidisciplinary program was needed to wean the applicant off of Methadone 5 mg thrice daily. It was noted that the applicant was using MiraLax to combat Opioid-induced constipation. Recent drug testing of April 18, 2014 was positive for Marijuana, Opioids, and Methadone, it was further acknowledged. Methadone, Senokot, and HELP program were again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of Opioids has been suggested for applicants who are involved in illegal activity, including diversion, prescription forgery, stealing, and/or usage of illicit substances. In this case, the applicant is in fact using a variety of illicit substances, including Methamphetamines and Marijuana. Continuing to provide the applicant with Methadone, an Opioid agent, consequently, is not indicated. Therefore, the request is not medically necessary.

Senokot-S: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, Prophylactic initiation of treatment for constipation is indicated in applicants using Opioids. In this case, the applicant is, in fact, using Opioid agents. Provision of Senokot, a laxative, is indicated to combat issues with Opioid-induced constipation. Therefore, the request is medically necessary.

HELP program for detoxification: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications topic Page(s): 124.

Decision rationale: As noted on page 124 of the MTUS Chronic Pain Medical Treatment Guidelines, high dose abusers or those with polydrug abuse may need inpatient detoxification. In this case, the applicant is abusing a variety of medications, including Opioids such as Methadone, Marijuana, and Methamphetamines, the attending provider has posited. A formal detoxification program may be indicated, as the applicant is using a variety of medications. Therefore, the request is medically necessary.