MAXIMUS Federal Services

Case Number:	CM14-0054145		
Date Assigned:	07/07/2014	Date of Injury:	06/21/2009
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/23/2014

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 Texas. 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 59 year old male who had a work related injury on 06/21/2009, he injured his low back while moving a refrigerator with another employee. The injured worker went through multiple treatments including physical therapy, lumbar fusion on 03/12/12, spinal cord stimulator implanted and explanted due to methicillin resistant staphylococcus aureus (MRSA) in 12/13. Prior utilization review on 04/07/14 was modified to initiate weaning to below 120 morphine equivalent dosage (MED). Most recent progress note submitted for review was dated 04/21/14 the injured worker followed up for reevaluation, since last visit on 02/24/14 noting that the meds were not helping anymore. His pain was worse lately for reasons unclear. His sleep was very poor he noted average pain since last visit 9/10. Mood since last visit was 9/10. Functional level since last visit was 9/10. CT scan of lumbar spine dated 09/22/13 limited with beam hardening artifact from neurostimulator device obscuring some detailed evaluation of central canal and neural foramina at L4 to L5 and L5 to S1. Near anatomic alignment of the osseous structures was noted. Radiographic correlation was recommended. There was mild right neural foraminal stenosis and minimal central canal steno and left neural foraminal stenosis L4 to L5 due to combination of one of a 4 millimeter central and right paracentral disc protrusion and moderate facet hypertrophy changes. 4 to 4.5 millimeter central and right paracentral disc protrusion at L5 to S1 resulted in minimal mild central canal stenosis. Electromyography (EMG) dated 06/06/13 no electrodiagnostic evidence of lumbar radiculopathy bilaterally. On physical examination the patient presented sitting with ongoing severe baseline back pain. He was uncomfortable on current regimen, walking with a cane and was sitting on the edge of his seat in discomfort. There were no new neurological deficits however. Current diagnoses: severe discogenic low back pain, secondary to annular fissures at L4 and L5, status post surgery/fusion, severe myofascial pain/spasm, poor sleep due to pain, reactive depression secondary to above,

gastritis from current medication use, fibromyalgia, and status post IPG implantation/ explantation due to Methicillin resistant Staphylococcus aureus (MRSA) MRSA 12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg, QTY: 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids, Criteria for Use. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Substance Abuse, Pain Chapter.

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

Decision rationale: The current evidence based guidelines as well as submitted clinical documentation do not support the request for Methodone. Current evidenced to based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of Methodone. His pain was worse lately for reasons unclear. His sleep was very poor he noted average pain since last visit 9/10. Mood since last visit was 9/10. Functional level since last visit was 9/10. As such, medical necessity has not been established. The request is not medically necessary and appropriate.