

<b>Case Number:</b>	CM14-0055099		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/04/1986
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Management and is licensed to practice in Georgia. 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 claimant is a 77 year old female presenting with chronic pain following a work related injury on 11/04/1986. On 3/12/2014 the claimant complained of left ankle pain that occurred over the anterior aspect of the left ankle at the talus joint. The pain is described as intermittent daily pain that was worse with prolonged walking and standing. The physical revealed normal transfers and ambulation without difficulty; limited range of motion of her neck, tenderness to palpation across the neck, limited range of motion of the left ankle due to pain and tenderness in the bilateral sacroiliac joints. The claimant was diagnosed with lumbago, cervicgia and myalgia and myositis. The claimant's medications include Methadone 10mg #90 for around the clock pain, Arthrotec 75mg # 90 for inflammation, Cymbalta 60mg for pain and Lactulose 30cc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90:** 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 Opioids Page(s): 79.

**Decision rationale:** Per page 79 of the MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

**Arthrotec 75mg #90:** 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 NSAIDs Page(s): 67.

**Decision rationale:** Per page of the MTUS guidelines, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Arthrotec or if there was any previous use of NSAIDs. The medication is therefore not medically necessary.

**Lactulose 30cc #900cc:** 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 Opioids Page(s): 77.

**Decision rationale:** Per page 77 of the California MTUS guidelines, Prophylactic treatment of constipation should be initiated. However, given that the opioids (Methadone) prescribed to the claimant in this case is not medically necessary due to lack of improved function, the Lactulose is not medically necessary.