

Case Number:	CM14-0058528		
Date Assigned:	07/09/2014	Date of Injury:	09/14/2004
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 64 year-old male, who sustained an injury on September 14, 2004. The mechanism of injury occurred while lifting a box of books. Diagnostics have included: EKG April 10, 2014; urine drug screen on April 1, 2014 was consistent and positive for Benzodiazepines and Methadone. Treatments have included: medications, yoga, 160 hours of a functional restoration program, physical therapy, acupuncture, and lumbar facet blocks. The current diagnoses are: sacrum disorder, lumbosacral spondylosis, history of substance abuse and Heroin addiction recovery, depression. The stated purpose of the request for Methadone HCL 5mg tablet sig one tablet Q8H 90 was to provide pain relief. The request for Methadone HCL 5mg tablet sig one tablet Q8H 90, was denied on April 8, 2014, citing a lack of documentation of: Visual Analog Scale (VAS) pain quantification with medication, functional improvement, urine drug screening, executed opiate agreement. The stated purpose of the request for [REDACTED] FRP ([REDACTED] Functional Restoration Program) aftercare 6 sessions was not noted. The request for [REDACTED] FRP ([REDACTED] Functional Restoration Program) aftercare 6 sessions, was denied on April 8, 2014, noting that the injured worker had completed 160 hours of functional restoration program and there was a lack of documentation of the specific rationale for additional aftercare sessions and should be able to transition to a self-directed independent program with transition back to the work force. Per the report dated May 22, 2014, the treating physician noted: a signed opioid pain contract on October 29, 2012, a urine drug screen on April 1, 2014 was consistent and positive for Benzodiazepines And Methadone, a Controlled Substance Utilization Review and Evaluation System (CURES) report dated October 10, 2013 was consistent, an EKG was performed on April 10, 2014, Methadone produced activities of daily living (ADL) functionality as compared to multiple other opioid trials and no longer experiences medication-induced cognitive dysfunction and memory issues. Per the report dated

April 1, 2014, the treating physician noted complaints of chronic low back pain, and noted good benefit from a completed functional restoration program, and received pain and function improvement with methadone. There were no positive exam findings noted. Per the March 6, 2014 progress report from the functional restoration program, the injured worker was using CBT techniques, was learning pain-coping self-management techniques, 45% reduction in anxiety and depression symptoms, 30 minutes sitting tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg tablet sig one tablet Q8H 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use ongoing management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: The requested Methadone HCL 5mg tablet sig one tablet Q8H 90, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone pages 61-62, note that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The injured worker has chronic low back pain, and noted good benefit from a completed functional restoration program, and received pain and function improvement with Methadone. The request for Methadone HCL 5mg tablet sig one tablet Q8H 90 was denied on April 8, 2014, citing a lack of documentation of: VAS pain quantification with medication, functional improvement, urine drug screening, executed opiate agreement. The treating physician has documented a signed opioid pain contract on October 29, 2012, a urine drug screen on April 1, 2014 was consistent and positive for Benzodiazepines and Methadone, a CURES report dated October 10, 2013 was consistent, an EKG was performed on April 10, 2014, Methadone produced ADL functionality as compared to multiple other opioid trials and no longer experiences medication-induced cognitive dysfunction and memory issues. The criteria noted above having been met, Methadone HCL 5mg tablet sig one tablet Q8H 90, is medically necessary.

FRP (FRP Functional Restoration Program) aftercare 6 sessions:
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 Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: The requested FRP (FRP Functional Restoration Program) aftercare 6 sessions is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional

restoration programs are Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs. The injured worker has chronic low back pain, and noted good benefit from a completed functional restoration program, and received pain and function improvement with Methadone. The treating physician has documented that the injured worker was using CBT techniques, was learning pain-coping self-management techniques, 45% reduction in anxiety and depression symptoms, 30 minutes sitting tolerance. The treating physician has not documented the specific rationale for additional aftercare sessions, nor why the injured worker had not received adequate training and supervision for a successful transition to a self-directed independent program. The criteria noted above not having been met, ■ FRP (■ Functional Restoration Program) aftercare 6 sessions, is not medically necessary.