

Case Number:	CM14-0062025		
Date Assigned:	07/28/2014	Date of Injury:	02/19/2001
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 69 year old female who has a date of injury of 02/19/01. The mechanism of injury is not described. Per the clinical note dated 04/03/14, she presents with low back pain radiating into the left lower extremity. Her pain level is reported to be unchanged since the last visit. The injured worker reports no new problems or side effects. Quality of sleep is poor. Her activity level remains unchanged. The injured worker is noted to have a higher level of back pain but defers any interventions for now. The injured worker reports that while Ambien is helpful in helping her get to sleep and wakes up in the middle of the night. The injured worker does not want to change the Ambien because she feels that her sleep is better without it. Current medications include Aciphex 20mg, Ambien 10mg, Docusate Sodium 100mg, Methadone 10mg, Senokot 187mg, Norco 10/325mg and Miralax powder. Records indicate that the injured worker undergoes urine drug screens and is compliant. The records note that she has undergone radiofrequency rhizotomies on 09/08/09 and 07/15/08. The record reflects an magnetic resonance image of the lumbar spine dated 10/04/06 which notes moderate degenerative bone and disc changes with associated scoliosis noted at L1-2, L2-3, L3-4, and L4-5 with associated bilateral foraminal narrowing. Electromyogram/nerve conduction velocity study notes the presence of a mild L5 radiculopathy on the right and chronic left L5 nerve root irritation with possible L4 mild irritation. On physical examination, range of motion of the lumbar spine is limited secondary to pain. There is tenderness noted over the left paravertebral muscles. Lumbar facet loading is positive on the right side. Straight leg raise is positive on the left at 80 degrees. Motor strength is noted to be 5/5 with the exception of 5-/5 knee extension on the left and 4/5 ankle dorsa flexion on the left. It is reported that she is functionally able to do more with medications as compared to without and subsequently her medications were refilled. The record

contains a utilization review determination dated 04/18/14 in which requests for Senokot tablets 187mg, Methadone 10mg and Aciphex 20mg were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Methadone 10mg is not supported as medically necessary. The submitted clinical records indicate that the injured worker has chronic pain associated with degenerative spinal disease. The injured worker is currently approved for Norco 10/325mg. The record does not quantify the nature and degree of relief that the injured worker receives from Methadone. The record does not contain any serial visual analog scale scores or quantify functional benefits associated with this medication. As such, the injured worker would not meet criteria for the chronic use of this medication per California Medical Treatment Utilization Schedule.