

Case Number:	CM14-0064484		
Date Assigned:	07/11/2014	Date of Injury:	07/08/2004
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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 & Pain Medicine and is licensed to practice in Florida. 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 42-year-old female who reported an injury on 07/08/2004. The mechanism of injury was not provided. On 06/17/2014, the injured worker presented with neck pain with stiffness and stated that he had a "pinched nerve." Upon examination of the neck, there was tenderness to palpation, and examination of the lumbar spine noted a negative straight leg raise. The diagnoses were musculoskeletal neck pain and back pain. The note was handwritten and highly illegible. The prior treatment included medications. The provider recommended methadone, Soma, and amitriptyline. The provider's rationale was not provided. The Request for Authorization Form was undated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg QID #112 per 28 days: 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 Methadone Page(s): 61.

Decision rationale: The request for Methadone 10mg QID #112 per 28 days is not medically necessary. The California MTUS recommends methadone as a second line drug for moderate to

severe pain if the potential benefit outweighs the risks. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to a long half-life of the drug, 8 hours to 59 hours. Pain relief on the other hand only lasts from 4 hours to 8 hours. Methadone should only be prescribed by providers experienced in using it. There is a lack of evidence that the injured worker has failed a first line treatment. Additionally, there is a lack of an adequate examination of the injured worker detailing current deficits. A complete and adequate pain assessment was not provided in the medical documents. Additionally, there is a lack of evidence provided on if methadone is a new medication or an ongoing prescription. As such, the request is not medically necessary.

Soma 350mg #60 x4 Q30 days: 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): 70.

Decision rationale: The request for Soma 350mg #60 x4 Q30 days is not medically necessary. The California MTUS does not recommend Soma. The medication is not indicated for long term use. It is a commonly prescribed centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate. Abuse has been noted for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated. As such, the request is not medically necessary.

Amitriptyline 10mg 2 BID #120 x6: 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): 70.

Decision rationale: The request for Amitriptyline 10mg 2 BID #120 x6 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including knee and hip and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. There was a lack of an adequate and complete pain assessment of the injured worker. Additionally, there is a lack of evidence on if amitriptyline is a new or continuing medication. The efficacy of the medication was not provided. As such, the request is not medically necessary.