

Case Number:	CM14-0082648		
Date Assigned:	07/25/2014	Date of Injury:	10/08/1997
Decision Date:	09/12/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 10/08/1997. The injured worker reportedly suffered a low back strain while bending over. The current diagnoses include lumbar spinal stenosis, lumbar radiculopathy, lumbar facet disease, failed back surgery syndrome, low back pain, numbness/tingling, depression, and diabetes mellitus. The injured worker was evaluated on 05/28/2014 with ongoing pain in the bilateral lower extremities and low back. Previous conservative treatment includes medication management, physical therapy, and aquatic therapy. It is noted that the injured worker underwent an L5-S1 laminectomy/discectomy in 1995 and an L5-S1 laminectomy and discectomy with right S1 neurolysis in 2007. The current medication regimen includes methadone 10 mg, Vicoprofen 7.5/200 mg, alprazolam, Cymbalta, Lexapro, and meloxicam. Physical examination only revealed an antalgic gait. It is noted that the injured worker utilized a 2 point cane for balance and ambulation. Treatment recommendations at that time included physical therapy and continuation of the current medication regimen. There was no DWC Form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Ibuprofen 7.5/200mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Methadone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. There is no documentation of a failure to respond to first line treatment. There is also no documentation of objective functional improvement, despite the ongoing use of the medication. There is no frequency listed in the request. As such, the request is not medically necessary.