

<b>Case Number:</b>	CM14-0084075		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/08/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old male was reportedly injured on September 8, 2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated December 3, 2013, indicates that there are ongoing complaints of pain throughout the body. Current medications include Lisinopril, Terazosin, Calcitriol, Synthroid, Methadone, Senexon, Ambien, Lyrica, and Omeprazole. The physical examination of the cervical and lumbar spine demonstrated tenderness over the midline and paraspinal musculature. There was diffuse symmetrical weakness over the bilateral upper extremities. Existing medications were reviewed and refilled. There was decreased cervical spine range of motion secondary to pain. An MRI of the thoracic spine dated December 27, 2013, noted extensive postsurgical changes of the lower cervical spine and cervical thoracic junction. A request had been made for an x-ray of the lumbar spine and x-rays of the thoracic spine and Methadone 5 mg tablets and was not certified in the pre-authorization process on May 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar X-Ray 5 view:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As the injured employee has reportedly sustained an injury in 2009 a previous lumbar spine x-ray has almost certainly been obtained in the last five years. However, The American College of Occupational and Environmental Medicine states that an x-ray is recommended for acute low back pain with red flags for fracture or serious systemic illness, sub-acute low back pain that is not improving, or chronic low back pain as an option to rule out other possible conditions. Considering that the injured employee has sub-acute low back pain that is not improving, this request for lumbar spine x-ray is medically necessary.

**Thoracic X-Ray 2 view:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the attached medical record the injured employee has had a recent thoracic spine MRI dated December 27, 2013. Considering this it is unclear why plain radiographs are requested at this time. Without additional justification this request for thoracic spine x-ray is not medically necessary.

**Methadone 5mg #90 no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee is stated to have chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for methadone 5 mg is not medically necessary.

**Methadone 5mg #90 no refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127..

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee is stated to have chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for methadone 5 mg is not medically necessary.