

Case Number:	CM14-0085927		
Date Assigned:	07/23/2014	Date of Injury:	08/28/1998
Decision Date:	09/10/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 53-year-old male who reported an injury on 08/28/1998 due to doing heavy physical labor. He was working with a jackhammer to clear some rocks and while throwing a rock with a twisting motion he experienced severe low back and neck pain. Diagnoses were post laminectomy syndrome, cervical region; chronic pain syndrome; degeneration of lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; cervical spondylosis without myelopathy; post laminectomy syndrome, lumbar region; other testicular hypo-function; major depressive disorder, single episode, unspecified; other specified gastritis without mention of hemorrhage; generalized anxiety disorder; nausea alone; unspecified constipation; depressive disorder, not elsewhere classified; slow transit constipation; abdominal tenderness, unspecified site; displacement of cervical intervertebral disc without myelopathy; chronic depressive personality disorder. Past treatments have been physical therapy, epidural steroid injection, left radiofrequency neurotomy, and medial branch blocks. Surgeries have been intradiscal electrothermal annuloplasty, anterior cervical discectomy and fusion, and lumbar fusion at the L3-4 and L4-5. The injured worker had a physical examination on 06/18/2014 that revealed complaints of pain across the neck and into the left shoulder, and was stated as a 2/10 on the pain scale. There were complaints of pain in the mid back, and pain in the lower back, pain across the left lower back area into the left outer upper leg, which the pain was, rated a 3/10. Physical Examination of the spine revealed normal curvature, suboccipital/occipital, absent bilaterally. Thoracic spine was non-tender. Trigger points were absent. Muscle spasm was absent, and there was facet tenderness, tenderness on the left lumbar facets. Facet loading test was positive bilaterally. At the SI joints, none tender bilaterally. Sciatic notch tenderness was absent bilaterally. Spine extension was restricted and painful. Musculoskeletal examination: upper extremity joints were normal. Lower extremity joints and muscle tone were normal.

Medications included Norco 10/325 mg 4 daily, Atorvastatin 20 mg, Omeprazole 20 mg, Buspar 5 mg, Naprosyn 500 mg, Compazine 25 mg, Fortesta gel, Sertraline HCL 100 mg, Methadone HCL 10 mg tablet 2 in the morning and evening and 1 in the afternoon with a total of 5 daily, and Senokot. The treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone Hel tablet, 10mg, 1 tid, #90: Overturned

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 Ongoing Management, page(s) 78 Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Methadone.

Decision rationale: The request for Methadone HEL tablet 10 mg, three times a day (TID), #90 is medically necessary. The California Medical Treatment Utilization Schedule states "The 4 A's for ongoing monitoring of an opioid medication, and they are analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors." The provider has requested a less amount than reported as taking on examination 06/18/2014, where it was reported the injured worker was taking 5 tablets daily. The Official Disability Guidelines have set up steps for prescribing methadone and states, "The drug should be used with caution in opioid using patients, due to the risk of life threatening hypoventilation. Inform the patient that Methadone is not a breakthrough medication. Inform the patient that they should not be tempted to take more methadone than prescribed due to the dangerous buildup that can lead to death. The patient should be warned not to use alcohol, Benzodiazepines or other CNS depressants. Inform the patient of the potential adverse effects of Methadone." The medical necessity has been established for this request and meets the steps that the Official Disability Guideline has set forth. Therefore, this request is considered medically necessary.