

Case Number:	CM14-0098713		
Date Assigned:	07/28/2014	Date of Injury:	11/12/2008
Decision Date:	10/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiologist and 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 37-year-old female who reported a repetitive strain injury on 11/12/2008. The current diagnoses include reflex sympathetic dystrophy of the lower limb, pain in a joint and unspecified myalgia and myositis. The injured worker was evaluated on 05/15/2014 with complaints of right hip pain with a tingling sensation. Physical examination revealed ongoing pain in the left foot, swelling, color changes in the left lower extremity and allodynia. Treatment recommendations at that time included continuation of the current medication regimen and a trial of Lazanda 100 ugm. A Request for Authorization form was then submitted on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for use: Methadone.

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

Decision rationale: California MTUS Guidelines state methadone is recommended as a second line option for moderate to severe if the potential benefit outweighs the risk. As per the documentation submitted, the injured worker has continuously utilized this medication since

12/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Lazanda 100ugm #8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 44 and 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. Duragesic is not recommended as a first line therapy and is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Although it is documented that the injured worker has utilized multiple opioid medications without relief, the medical necessity for an additional opioid medication has not been established at this time. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.