

Case Number:	CM14-0188602		
Date Assigned:	11/17/2014	Date of Injury:	08/17/2005
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 46-year-old male presenting with work-related injury on August 17, 2005. The patient was diagnosed with status post-surgery, post laminectomy syndrome with radiculitis, and myalgia/myositis. The patient underwent L4 - L5 and L5 - S1 fusion in April 2009 with spinal cord similar implementation 2011, revision 2012. In 2014 the medical records noted that the patient completed/failed the top. The patient's medications included methadone, Norco, Lyrica. The patient reported that the medications were helpful. The patient complained of pain that was constant, dull, and achy. The physical exam was significant for decreased range of motion, antalgic gait using single point cane, positive straight leg raise bilaterally, we left extensor hallucis longus and peroneus longus brevisi, hypoesthesia in the left L5 dermatome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5 mg #60: 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 Opioids Page(s): 79.

Decision rationale: Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring and (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. Infact, the claimant was designated permanent and stationary. Finally, the patient demonstrated lack of adherence to the medication on several occasions; therefore, the requested medication is not medically necessary.