

Case Number:	CM14-0198304		
Date Assigned:	12/05/2014	Date of Injury:	01/14/2003
Decision Date:	01/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice and is licensed to practice in California. 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:

This is a 47 year old gentleman who sustained a work related injury on 1/14/2003. The mechanism of injury has not been provided. Per the Primary Treating Physician's Progress Report dated 10/30/2014, the injured worker reported neck, left buttock and hip pain. There has been no new diagnostic testing and no changes since the last examination. Physical Examination revealed a verbal analog pain score of 5/10. His gait favors his left leg, he has inch of pelvic tilt, straight leg raise is negative and Faber's test is negative. His pain is exquisite with extension and rotation at the lumbar spine on the left side. Diagnoses included cervicalgia, PTSD, lumbar degenerative disc disease and a new diagnosis of lumbar facet pain on the left side at L4-5 and L5-S1. The plan of care included medication management. On 11/21/2014, Utilization Review non-certified prescriptions for Methadone 10 mg # 300, and Lorazepam 1 mg # 90, based on lack of medical necessity and lack of documented functional improvement. The claimant had been on Norco and Soma along with the Methadone for over a year. The California MTUS Chronic Pain Medical Treatment Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines were not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. Long-term use may increase anxiety. In this case, the claimant had been on Lorezapam for a prolonged time frame. An additional 3 month supply is not medically necessary.

Methadone 10 mg # 300: 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 Methadone Page(s): 61.

Decision rationale: Methadone is only FDA-approved for detoxification and maintenance of narcotic addiction. For non-malignant pain greater than 40 mg is not recommended. In this case, the claimant was not known to have an addiction issue. The claimant was also on Norco. In addition, the claimant was prescribed 100 mg daily of Methadone. Continued use of Methadone is not medically necessary.