

Case Number:	CM14-0201444		
Date Assigned:	12/11/2014	Date of Injury:	10/26/2011
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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:

65 yr. old male claimant sustained a work injury on 10/26/11 involving the low back. He was diagnosed with lumbar stenosis and radiculopathy. A CT scan of the lumbar spine had shown neuroforaminal stenosis of L3-S1. A progress note on 7/30/14 indicated the claimant had 5-7/10 pain. He had been on Methadone and Percocet for pain. Exam findings were notable for back spasms and reduced range of motion. He had been using a spinal cord stimulator and undergoing physical therapy. On 10/22/14, the claimant had increasing pain of 7-9/10. The claimant was counseled on medication weaning. Examination was notable for decreased sensation in L4-L5 distribution. The claimant was continued on Methadone 10 mg (2-tabs) BID and Percocet 10/325 mg QID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120 take 2 tablets every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. Although weaning was discussed, tapering was not done. As a result, continued and long-term use of Methadone is not medically necessary.

Percocet 10/325mg #90 take 1 tablet every 6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet along with Methadone for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.