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| Case Number: | CM14-0207911 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 10/01/2007 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Physical Medicine Rehab 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:

The injured worker is a 55-year-old male who reported an injury on 10/01/2007. The mechanism of injury was not submitted for review. The injured worker has a diagnoses of degenerative of cervical intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc. Past medical treatment consists of surgery, physical therapy and medication therapy. Medications consist of Prilosec 20 mg, gabapentin 300 mg, vitamins, lorazepam 1 mg, methadone 10 mg, oxycodone IR 20 mg, Cialis 10 mg and Effexor. No UAs or drug screens were submitted for review. On 11/25/2014, the injured worker complained of low back pain. He stated that the pain was located more on the right side. The injured worker rated the pain at an 8/10 without medications and 6/10 to 7/10 with medications. He stated that he had benefit with the medication. Physical examination of the cervical spine revealed tenderness and tightness across the posterior trapezius and intrascapular region. The thoracic spine was tender and tightness in the thoracolumbar area. There was diffuse trigger points. Examination of the lumbar spine revealed tenderness and tightness across the lumbosacral area. There was hypoesthesia present of the right posterolateral and anterior thigh. Bilateral feet and toes, right arm dyesthesia and hypoesthesia. Deep tendon reflexes were 1 bilaterally. The treatment plan is for the injured worker to continue with medication therapy. The provider is also requesting that the injured worker continue with heat, ice and rest. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg 4po qid #480: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-90.

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

Decision rationale: The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain. Potential benefits outweigh the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears in part, secondary to the long half life of this drug. Pain relief, on the other hand, only lasts for 4 to 8 hours. Methadone should only be prescribed by providers experienced in using it. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. There were no pain assessments showing what pain levels were before, during, and after medication administration. The guidelines further state that the product is only FDA approved for detoxification and maintenance of narcotic addiction. There was no indication in the submitted documentation of the medication being used for detoxification or of the injured worker having narcotic addiction. Furthermore, there were no UAs submitted for review indicating compliance of medication. Given the above, the injured worker is not within the California MTUS recommended guideline criteria. As such, the request is not medically necessary.

Oxycodone IR 20mg 1-2 qid prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines further state ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be listed. There should be proper assessments to include what pain levels are before, during, and after medication administration. Additionally, there should be UAs or drug screen submitted for review indicating compliance of medications. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. There were no pain assessments submitted for review indicating what pain levels are before, during, and after medication administration. Furthermore, there were no UA or drug screens submitted for review showing compliance with prescriptions. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Oxycodone 10mg 1po od #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 92, 124..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. Guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also recommend assessments to include what pain levels are before, during, and after medication administration. There should be testing to assess for aberrant drug taking behaviors. Additionally, there should be documentation of medication use and side effects. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. There were no accurate pain assessments that included what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screen screens submitted for review showing that the injured worker was compliant with prescription medications. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.