

Case Number:	CM15-0002704		
Date Assigned:	01/13/2015	Date of Injury:	04/23/1999
Decision Date:	03/24/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who reported an injury on 04/23/1999. The injured worker was reportedly struck by a stack of falling doors. The current diagnoses include sciatica and lumbago. The injured worker presented on 01/12/2015. The injured worker received prescriptions for Requip 4 mg, Valium 10 mg, and methadone 10 mg. There was no physical examination provided. The injured worker indicated that the current medication regimen controlled symptoms and allowed him to perform activities of daily living. There were no adverse effects or side effects noted. There were no reports or symptoms of abusive behavior present. A Request for Authorization form was then submitted on 01/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg Qty 120: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. There was no documentation of a failure of first line treatment prior to the initiation of methadone. Additionally, it is noted that the injured worker has continuously utilized methadone 10 mg since at least 06/2014. There is no documentation or objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Valium 10mg Qty 60: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. There was no documentation of a physical examination on the requesting date of 01/12/2015. There was no evidence of palpable muscle spasm or spasticity. The injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established. Additionally, it is noted that the injured worker has utilized Valium 10 mg since at least 06/2014. Guidelines do not recommend long term use of benzodiazepine. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.