

Case Number:	CM15-0008602		
Date Assigned:	01/26/2015	Date of Injury:	07/18/1997
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male who reported an injury on 07/18/1997 due to an unspecified mechanism of injury. On 12/17/2014, he presented for a followup evaluation. He reported the same low back pain, bilateral lower extremity pain, and bilateral upper extremity pain with no change in distribution. He rated his pain at a 10/10 without medications and an 8/10 with medications. He rated his pain at the day of the visit at an 8/10. He stated that his medications were keeping him functional. His medications included methadone 10 mg 1 by mouth 3 times a day as needed, cimetidine 300 mg 1 by mouth twice a day, Prilosec 20 mg 1 by mouth twice a day, and Testim gel. A physical examination showed that he was oriented to time, place, and person, and his judgment and insight were intact. Cervical and lumbar examination with range of motion was noted to be decreased and squatting was noted to be abnormal in the lumbar spine. Heel walking was abnormal and he had a positive faber test bilaterally. He had an antalgic gait favoring the right side and was noted to use a cane for ambulation. Deep tendon reflexes were 1+ in the left knee, left ankle, and right knee. There was also hyperalgesia and allodynia, as well as decreased range of motion noted in the right ankle and foot. He was diagnosed with hypogonadism, dyspepsia, GERD, depression, anxiety, headache, lumbago, pain in joint, and reflex sympathetic dystrophy of the lower limb. It was stated that his last urine drug screens and CURES reports were appropriate. The treatment plan was for methadone HCl 10 mg #90 and a urine drug screen. The rationale for treatment was to monitor the injured worker's compliance and to alleviate his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that morphine equivalents dosage should not exceed 120 MED per day. Based on the clinical documentation submitted for review, the injured worker was noted to be taking methadone HCl 10 mg 3 times a day. The injured worker's calculated morphine equivalents dosage was 240. This exceeds the recommended MED and therefore, would not be supported. Also, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, urine drug screens should be performed in those with issues of abuse, addiction, or poor pain control. Based on the clinical documentation submitted for review, the injured worker was noted to have poor pain control. However, he stated that his medication helped him and allowed him to function and also showed a quantitative decrease in pain. He also did not show any evidence of abuse, addiction, or poor pain control. Furthermore, it is unclear when the injured worker had his last urine drug screen. Without this information, an additional urine drug screen would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.