

Case Number:	CM15-0009030		
Date Assigned:	01/27/2015	Date of Injury:	07/28/2005
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/15/2015

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 60 year old male, who sustained an industrial injury on 07/28/2005. He has reported subsequent low back and leg pain and was diagnosed with spondylosis of unspecified site, lumbar disc herniation, chronic pain syndrome and lumbar radicular pain. Treatment to date has included oral pain medication, home exercise program and a TENS unit. Methadone, Dilaudid and Soma were chronic medications since at least 07/31/2014. On 11/20/2014 the injured worker presented for a follow-up evaluation with complaints of continued low back and left leg pain. Objective physical examination findings were notable for paravertebral tenderness of the lumbar spine, positive straight leg raising test on the left, decreased sensation on the left and an antalgic gait. Methadone and Dilaudid were noted to be effective at reducing pain and increasing functional mobility. The physician requested refills of Dilaudid, Soma and Methadone. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Dilaudid 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized Dilaudid 4 mg since 07/2014 without any evidence of objective functional improvement. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There was also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Methadone HCL 10mg: Upheld

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

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. In this case, the injured worker has continuously utilized the above medication since 07/2014 without any evidence of objective functional improvement. There is also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication since 07/2014 without any evidence of objective functional improvement. There is also no frequency or quantity listed. Therefore, the request is not medically appropriate.