

Case Number:	CM15-0100895		
Date Assigned:	06/03/2015	Date of Injury:	10/16/2000
Decision Date:	07/01/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 51 year old male, who sustained an industrial injury on 10/16/2000. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar degenerative disc disease, left lower extremities pain and tapering opioids. There is no record of a recent diagnostic study. Treatment to date has included failed back surgery, physical therapy and medication management. In a progress note dated 4/17/2015, the injured worker states he is doing okay. Documentation states the urine drug screen was consistent with prescriptions. Physical examination stated the injured worker was within normal limits and appeared comfortable, with a pain rating of 6/10. The treating physician is requesting Hydrocodone 10/325 mg #240 and Methadone 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Hydrocodone 10/325 MG #240, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented that the injured worker was within normal limits and appeared comfortable, with a pain rating of 6/10. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone 10/325 MG #240 is not medically necessary.

Methadone 5 MG #60: Upheld

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

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

Decision rationale: The requested Methadone 5 MG #60 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk." The treating physician has documented that the injured worker was within normal limits and appeared comfortable, with a pain rating of 6/10. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Methadone 5 MG #60 is not medically necessary.