

Case Number:	CM15-0109224		
Date Assigned:	06/15/2015	Date of Injury:	12/19/1995
Decision Date:	07/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: New York, West Virginia, Pennsylvania
 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 62 year old female, who sustained an industrial injury on December 19, 1995. She reported that while performing overhead reaching to lift down a crate of tomatoes, she felt spasms in the neck and upper back. The injured worker was diagnosed as having postlaminectomy syndrome cervical region, degeneration of cervical intervertebral disc, long-term current use of other medication, encounter for therapeutic drug testing, cervical spondylosis without myelopathy, myalgia and myositis, carpal tunnel syndrome, brachial neuritis or radiculitis/cervical radiculitis/radicular symptoms, and insomnia. Treatment to date has included bracing, cervical surgeries, epidural steroid injection (ESI), physical therapy, TENS, H-wave, chiropractic treatments, massage, acupuncture, and trigger point injections, and medication. Currently, the injured worker complains of neck pain, migraines, mid back pain and low back pain. The Primary Treating Physician's report dated April 23, 2015, noted the injured worker reported her medications helped reduce her pain and improve her function. The treatment plan was noted to include continuation of Norco, Methadone, Trazadone, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Methadone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the patient has tried other oral pain medications and chronic pain persists. Guidelines also recommend that opioids do not exceed 120 mg morphine equivalents. The request for Methadone 10 mg #120 is not medically necessary and appropriate.

1 prescription for Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, criteria for use; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-95.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Norco 10/325 mg without evidence of significant benefit in pain or function to support long term use and weaning was recommended in the past. The request for Norco 10/325 mg #240 is not medically appropriate and necessary.

1 prescription for Skelaxin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Guidelines recommend Skelaxin with caution as a second line option for short-term pain relief in patients with chronic low back pain. In this case, records do not provide evidence of hypertonicity or spasm. There is no evidence that the patient failed first line therapy. The request for Skelaxin 800 mg #60 is not medically appropriate and necessary.