

Case Number:	CM15-0132252		
Date Assigned:	07/20/2015	Date of Injury:	02/11/2011
Decision Date:	08/18/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury on 2/11/11. He had complaints of right leg pain and back pain. Progress report dated 4/21/15 reports continued complaints of low back, sciatic and knee pain. The pain level has improved after a recent fall. Diagnoses include: thoracolumbar sprain, lumbar sprain, right leg contusion, right knee sprain, left hip sprain with greater trochanteric bursitis and left lower extremity radiculopathy. Plan of care includes: refill methadone, scheduled for urine drug screening and request authorization to renew hydromorphone HCL 2 mg 1-2 four times per day and methadone HCL 10 mg 2 every 8 hours. Work status: off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone HCL (Dilaudid) 2mg 1-2 tabs four times a day #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Hydromorphone Page(s): 54.

Decision rationale: According to the guidelines, Hydromorphone is indicated more commonly for intrathecal use when Morphine is not an option. In this case, the claimant was on Hydromorphone for several months in oral form in combination with Methadone. Pain levels remained 10/10 most of the day and scores response to medication is not provided. Long-term use is not supported by evidence. Failure of non-opioid options is not noted. There was no indication of detoxification or weaning to explain its use with Methadone. Continued use of Hydromorphone is not medically necessary.

Methadone HCL 10mg 2 tabs every 6 hours #90: Upheld

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

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant had been on Methadone for months in combination with Hydromorphone Pain scale was 10/10 most of the day indicating inadequate pain control. As a result, continued and long-term use of Methadone is not medically necessary.

Retro Trigger Point Injections mid lumbar QTY: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant had already been on high dose opioids and had inadequate relief. The evidence to provide sustained pain relief is lacking with injections. Therefore the request for lumbar trigger point injection is not medically necessary.