

Case Number:	CM15-0148527		
Date Assigned:	08/11/2015	Date of Injury:	02/11/2011
Decision Date:	09/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	07/31/2015

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: Massachusetts

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 62 year old male, who sustained an industrial injury on 2-11-11. He has reported initial complaints of his left leg and back injury after getting struck by a patient in a wheelchair. The diagnoses have included thoracolumbar sprain, lumbar sprain, right leg contusion, right knee sprain, left hip sprain with bursitis, left lower extremity (LLE) radiculopathy, left knee sprain and right ankle and foot sprain. Treatment to date has included medications, activity modifications, diagnostics, surgery, acupuncture, trigger point injections, epidural steroid injection (ESI), physical therapy, walker and off of work. Currently, as per the physician progress note dated 7-14-15, the injured worker complains of low back, hip and knee pain. The pain is in the right midlumbar region, right buttocks and it has a distal radiating component. He notes bruising on the left leg and pain in the right groin. The current medications included Methadone, Hydroxyzine, Ranitidine, Lyrica, Diazepam, Lidocaine patch, Metanx, Hydromorphone, and Lamictal. The physical exam reveals that he has had trouble sleeping due to poor pain control. There is tenderness in the right lumbosacral region and pain in the right buttock and right groin. The left leg, foot and ankle have ecchymosis which the injured worker attributes to recurrent trauma. The physician requested treatments included Hydromorphone 2mg #56 (Rx 7-14-15) and Methadone HCL 10mg #90 (Rx 7-14-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 2mg #56 (Rx 7/14/15): 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 (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2011 and is being treated for neck and low back pain. Medications are referenced as enabling the claimant to perform activities of daily living and household activities with a pain level of 4/10. The claimant is referenced as motivated to discontinue opioid use. When seen, there was lumbar spine tenderness. There was an abnormal lumbar posture in standing. There was decreased cervical range of motion with restricted muscles. There was an abnormal, guarded gait with use of a cane. Methadone and hydromorphone were refilled with a two week medication supply at a total MED (morphine equivalent dose) of over 600 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than five times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. The claimant is reported to be motivated to discontinue opioid medication yet there is no weaning plan being implemented. Ongoing prescribing at this dose was not medically necessary.

Methadone HCL 10mg #90 (Rx 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in February 2011 and is being treated for neck and low back pain. Medications are referenced as enabling the claimant to perform activities of daily living and household activities with a pain level of 4/10. The claimant is referenced as motivated to discontinue opioid use. When seen, there was lumbar spine tenderness. There was an abnormal lumbar posture in standing. There was decreased cervical range of motion with restricted muscles. There was an abnormal, guarded gait with use of a cane. Methadone and hydromorphone were refilled with a two week medication supply at a total MED (morphine equivalent dose) of over 600 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than five times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. The claimant is reported to be motivated to discontinue opioid medication yet there is no weaning plan being implemented. Ongoing prescribing at this dose was not medically necessary.