

Case Number:	CM15-0160875		
Date Assigned:	08/27/2015	Date of Injury:	09/30/2008
Decision Date:	09/30/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

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 47-year-old male, who sustained an industrial injury on September 30, 2008. He reported injuries to the low back, bilateral shoulders and right knee after an assault. The injured worker was currently diagnosed as having chronic lumbar radiculopathy, left shoulder pain and right knee internal derangement. Treatment to date has included diagnostic studies, transdermal epidural steroid injections, surgery, physical therapy and medication. He reported 50% pain relief after bilateral transdermal epidural steroid injections with reduction in his medications from 1.5 to 1. The pain was noted to return seven weeks after the procedure. He reported about 50-60% relief from opioid medication. On July 22, 2015, the injured worker complained right knee pain despite surgery and fifteen sessions of physical therapy. He also complained of lower back pain and right shoulder pain. The pain was rated a 6 on a 1-10 pain scale. The treatment plan included a repeat transdermal epidural steroid injection, medications, urine drug screen and an EKG for QTc. A request was made for an EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EKG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation Online Edition 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, pages 61-62.

Decision rationale: Request for EKG was to evaluate any QT interval prolongation while on Methadone was non-certified as there was no concurrent request for Methadone. Per MTUS regarding Methadone use, there is high potential for abuse and QT prolongation with resultant serious arrhythmia has also been observed and care should be taken in patients with cardiac hypertrophy and in those at risk for hypokalemia including those patients on diuretics; however, is silent on EKG monitoring. ODG states Methadone use has been associated with increased risk for QT prolongation and torsade de pointes (Tdp), especially in patients on high daily doses >100 mg/day with underlying cardiac disease such as history of arrhythmia, syncope, structural heart disease, or seizures of syncope that may develop after initiation of treatment, not demonstrated here. EKG is recommended during pretreatment, with repeat in 30 days from initiation, and annually for patients with demonstrated cardiac disease not identified in submitted reports. Submitted report of 7/2/15 indicated the patient was started on low dose of Methadone 5mg in addition to Percocet with consistent CURES report for prescribed medications. Although there is no report of underlying cardiac disease to pose increase risk to support frequent EKG monitoring outside guidelines criteria, obtaining an initial baseline EKG at initiation of Methadone is supported and consistent with the guidelines. The 1 EKG is medically necessary and appropriate.