MAXIMUS Federal Services

Case Number:	CM15-0183097		
Date Assigned:	09/24/2015	Date of Injury:	02/01/1999
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Indiana, Michigan, 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 experienced a work related injury on February 1, 1999. Diagnoses include degenerative cervical intervertebral disc, degeneration of the lumbosacral disc, muscle spasm, disturbance of skin sensation and migraine without aura. Diagnostics have involved an MRI of the cervical spine on December 12, 2007 showing foraminal encroachment and degenerative changes, MRI of the thoracic spine on December 12, 2007 with evidence of central disc protrusion with patent neural foramina and MRI of the lumbar spine on October 23, 2007 consistent with degenerative changes and patent neural foramina. Urine drug screen of April 2, 2015 was negative for any of the prescribed medications and urine drug screen on June 14, 2015 was negative for the prescribed methadone and positive for Xanax and THC (marijuana) of which neither is prescribed. Treatment has involved cervical spine fusion and foraminotomy in 1999 and 2000 respectively, lumbosacral fusion in 2002, medications, acupuncture, TENS, epidural injection and physical therapy. Request is for Methadone 5 mg number 150 and SOMA 350 mg number 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids, criteria for use.

Decision rationale: MTUS states Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Chart review reveals the injured worker has continued pain and has urine drug screens that are negative for Methadone on April 2 and June 14, 2015 indicating misuse of the medication. The drug screen on June 14, 2015 was positive for THC (marijuana) and Xanax of which neither is prescribed and thus showing drug abuse. Opioids are recommended for discontinuation when there is no overall improvement in function, continuing pain, serious non-adherence, use of illicit drugs and violation of the controlled substance contract. All of these issues have occurred with the injured worker in regards to the Methadone prescription and the illicit use of THC (marijuana) and Xanax. Therefore, the request for Methadone 5 mg number 150 is not medically necessary and appropriate.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The injured worker suffers from chronic pain due to cervical and lumbosacral disc disease with muscle spasms after a work related injury that occurred on February 1, 1999. Medication treatment has involved Methadone and SOMA that have not led to resolution or control of the pain. MTUS Chronic Pain Medical Treatment Guidelines on page 29 specifically state that SOMA is not recommended and not indicated for long term use. The MTUS Chronic Pain Medical Treatment Guidelines on page 65 under Carisoprodol (SOMA, Soprodol, Vanadium, generic available) state the 'neither of these formulations is recommended for longer than a 2 to 3 week period'. Records review show SOMA has been used longer than 2 to 3 weeks and without significant pain relief or function improvement. Therefore, the use of SOMA is not supported by MTUS Guidelines and is not medically necessary and appropriate.