

Case Number:	CM15-0192482		
Date Assigned:	10/06/2015	Date of Injury:	10/07/1991
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: Preventive Medicine, Occupational 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 67 year old, male who sustained a work related injury on 10-7-91. A review of the medical records shows he is being treated for low back pain. Treatments have included medications, pain medication via implanted pain pump, home exercises and ice therapy. Current medications include Methadone oral, Percocet oral and Morphine Sulfate-Bupivacaine HCL per implanted pump. He has been taking the Percocet and Methadone since at least 4-2-15. There is no documentation on how effective the oral medications are in relieving his pain or if they improve his functional capabilities. In the progress notes, the injured worker reports low back and right leg pain. He reports "burning" in both calves. He rates his pain level a 7 out 10. This pain level has not changed in the last several visits. In the objective findings dated 9-1-15, he has decreased lumbar range of motion. He has pain with right leg straight leg raise. He is not working. The treatment plan includes a request for refills of medications. The Request for Authorization (prescription) dated 9-1-15 has requests for Methadone and Percocet. In the Utilization Review dated 9-10-15, the requested treatments of Methadone 10mg. #270 and Percocet 10-325mg. #180 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: MTUS Guidelines have very specific standards of care that are recommended to justify the long-term use of opioids for non-cancer pain. These standards include detailed reporting of how much pain relief from each medication, how long the pain relief lasts, how the opioid affects functioning and a lack of drug related aberrant behaviors. These Guideline standards are not being adequately met to support the continued use of the oral Methadone. There are no functional outcomes, there is no detailed review of the benefits specifically from the Methadone and in the records reviewed there is no documentation of recommended screening for misuse i.e. urine drug screens (methadone needs special screening) and/or CUREs report reviews. Under these circumstances, the Methadone 10 mg #270 is not supported by Guidelines and is not medically necessary.

1 prescription of Percocet 10/325 mg #180: 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): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines have very specific standards of care that are recommended to justify the long-term use of opioids for non-cancer pain. These standards include detailed reporting of how much pain relief from each medication, how long the pain relief lasts, how the opioid affects functioning and a lack of drug related aberrant behaviors. These Guideline standards are not being met to support the continued use of the oral Percocet. There are no functional outcomes; there is no detailed review of the benefits specifically from the Percocet. In addition, in the records reviewed there is no documentation of recommended screening for misuse i.e. urine drug screens and/or CUREs report reviews. Under these circumstances, the Percocet 10/325mg number 180 is not supported by Guidelines and is not medically necessary.