

Case Number:	CM15-0216925		
Date Assigned:	11/06/2015	Date of Injury:	04/28/2000
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/04/2015

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 51 year old male, who sustained an industrial injury on 4-28-2000. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease, post-laminectomy syndrome and low back pain. A recent progress report dated 9-30-2015, reported the injured worker complained of back pain and right leg pain. Physical examination revealed diminished lumbar range of motion with bilateral tenderness and bilateral knee swelling and tenderness. Treatment to date has included 2 low back surgeries, physical therapy, Methadone (since at least 5-14-2015) and Norco (since at least 5-14-2015). The physician is requesting electrocardiogram and Methadone and modified the request for Norco. On 10-12-2015, the Utilization Review noncertified the request for electrocardiogram and Methadone and modified the request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Methadone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kapur BM, Hutson JR, Chibber T, Luk A, Selby P. Methadone: a review of drug-drug and pathophysiological interactions. Crit Rev Clin Lab Sci. 2011; (4): 171-195.

Decision rationale: The claimant has a remote history of a work injury in April 2000 when he fell backwards from a construction site and was impaled on a stake. He sustained a significant perineal and bladder injury complicated by infections and underwent surgical treatment. He had back pain and underwent two lumbar fusions. A spinal cord stimulator provided relief of leg pain but greatly flared his low back, bladder, and rectal pain. When seen, medications are referenced as providing a 60-70% relief of pain and function. Physical examination findings included lumbar tenderness and decreased and painful range of motion. There was positive right straight leg raising. There was moderate knee pain with mild tenderness. Methadone 5 mg #30 and Norco 10/325 mg #90 were prescribed. The total MED (morphine equivalent dose) was 50 mg per day. An EKG was requested due to long term use of methadone. When prescribing methadone, outpatients should receive a baseline ECG before treatment, 30 days after treatment initiation, and annually. More frequent ECG is should be considered for patients using more than 60 mg/day of oral methadone. In this case, the claimant continues to be treated with methadone. There is no prior EKG documented. An EKG is medically necessary.

Unknown prescription of Methadone: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone, Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in April 2000 when he fell backwards from a construction site and was impaled on a stake. He sustained a significant perineal and bladder injury complicated by infections and underwent surgical treatment. He had back pain and underwent two lumbar fusions. A spinal cord stimulator provided relief of leg pain but greatly flared his low back, bladder, and rectal pain. When seen, medications are referenced as providing a 60-70% relief of pain and function. Physical examination findings included lumbar tenderness and decreased and painful range of motion. There was positive right straight leg raising. There was moderate knee pain with mild tenderness. Methadone 5 mg #30 and Norco 10/325 mg #90 were prescribed. The total MED (morphine equivalent dose) was 50 mg per day. An EKG was requested due to long-term use of methadone. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Methadone is a long acting opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse

or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Unknown prescription of Norco: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in April 2000 when he fell backwards from a construction site and was impaled on a stake. He sustained a significant perineal and bladder injury complicated by infections and underwent surgical treatment. He had back pain and underwent two lumbar fusions. A spinal cord stimulator provided relief of leg pain but greatly flared his low back, bladder, and rectal pain. When seen, medications are referenced as providing a 60-70% relief of pain and function. Physical examination findings included lumbar tenderness and decreased and painful range of motion. There was positive right straight leg raising. There was moderate knee pain with mild tenderness. Methadone 5 mg #30 and Norco 10/325 mg #90 were prescribed. The total MED (morphine equivalent dose) was 50 mg per day. An EKG was requested due to long term use of methadone. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.