

Case Number:	CM15-0223044		
Date Assigned:	11/19/2015	Date of Injury:	12/01/1999
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/12/2015

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: Arizona, 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 56 year old male, who sustained an industrial injury on 12-01-1999. The injured worker was being treated for post laminectomy syndrome, cervical spine, nonunion of fracture. Treatment to date has included diagnostics, cervical spinal surgery, hardware injections, and medications. On 10-01-2015, the injured worker complains of back pain, rated 10 out of 10, along with radicular pain and numbness in the bilateral lower extremities. Medications included Fetzima, Inderal, Percocet, Soma, and Valium. Social history was positive for alcohol and tobacco use. His blood pressure was 130 over 72 and heart rate was 68. Cardiovascular exam noted apical pulse in the left fifth intercostal space in the midclavicular line, no thrill noted, normal S1 and S2 without murmurs, rubs or gallops, and peripheral pulses full to palpation. Exercise treadmill test and myocardial perfusion scan showed "negative maximal exercise tolerance testing and normal perfusion study." Echocardiogram showed "trivial tricuspid regurgitation, no pericardial effusion seen, SBE prophylaxis is not indicated based on current findings." Holter monitoring showed "occasional premature ventricular contractions, all single and unifocal otherwise normal study." Chest x-ray showed "over the graphic evidence of intrathoracic disease." EKG showed "normal sinus rhythm with PVCs." The treatment plan included "the addition of low dose Methadone", diagnostics, and follow-up in 2 weeks. Work status was not specified. On 10-12-2015, Utilization Review non-certified a request for EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

EKG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone. Decision based on Non-MTUS Citation Circulation 2001 Pg 418-500 and table 2-Based on AHA guidelines.

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. As a result, continued and long-term use of Methadone is not medically necessary. The request for an EKG was due to obtaining clearance prior to using Methadone and due to a history of QT prolongation. Since the Methadone was not necessary and other cardiac screens were not remarkable, the EKG was not medically necessary.