

Case Number:	CM15-0043108		
Date Assigned:	03/13/2015	Date of Injury:	01/03/1992
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/07/2015

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 67 year old male, who sustained an industrial injury on 01/13/1992. On provider visit dated 02/09/2015 the injured worker has reported low back pain, neck and shoulder pain. The diagnoses have included low back pain from failed back surgery. Treatment to date has included laboratory studies and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Methadone 5mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Indicate a chronic dose of methadone 160 mg daily, morphine sulfate 60 mg daily for low back pain and numerous trials of sleep medications which include trazodone, Ambien and Restoril for insomnia. Also noted is treatment for hypogonadism with hormone replacement therapy. Records indicate pain level with medication of 4-6/10. The injured worker has not returned to work. Request is being made for continuation of

opioid therapy and sedative hypnotic. With regards to continuation of opioid therapy, MTUS guidelines recommends such when the injured worker has returned to work or if there is demonstrated improved function and pain. In a case of the injured worker, records do not adequately support significantly improved pain or function. In addition, into his guidelines does not recommend greater than 120 mg of oral morphine equivalence, which is being prescribed for this injured worker. Therefore request for continuation of methadone 5mg, as written, is not medically necessary.

1 Prescription of MSIR 15mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: The injured worker's being treated for chronic low back pain following back surgery. Records indicate a chronic dose of methadone 160 mg daily, morphine sulfate 60 mg daily for low back pain and numerous trials of sleep medications which include trazodone, Ambien and Restoril for insomnia. Also noted is treatment for hypogonadism with hormone replacement therapy. Records indicate pain level with medication of 4-6/10. The injured worker has not returned to work. Request is being made for continuation of opioid therapy and sedative hypnotic. With regards to continuation of opioid therapy, MTUS guidelines recommends such when the injured worker has returned to work or if there is demonstrated improved function and pain. In the case of this injured worker, records do not adequately support significantly improved pain or function. In addition, MTUS guidelines does not recommend greater than 120 mg of oral morphine equivalence, which is being prescribed for this injured worker. Therefore request for continuation of Morphine sulfate 15mg q6hr, as written, is not medically necessary.

1 prescription of Restoril 15mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The injured worker's being treated for chronic low back pain following back surgery. Records indicate a chronic dose of methadone 160 mg daily, morphine sulfate 60 mg daily for low back pain and numerous trials of sleep medications which include trazodone, Ambien and Restoril for insomnia. Also noted is treatment for hypogonadism with hormone replacement therapy. With regards to benzodiazepines, MTUS guidelines does not recommend long-term use, usually greater than 4 weeks duration, due to rapid development of tolerance and dependence. The request as written is not greater in 4 weeks and therefore would not be considered long-term use. Request for Restoril 15 mg at bedtime is therefore medically necessary.