

Case Number:	CM15-0044877		
Date Assigned:	03/17/2015	Date of Injury:	04/29/2002
Decision Date:	04/22/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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: North Carolina, Georgia
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 47 year old male with an industrial injury on 04/29/2002. He injured his neck, low back and left knee when he was crushed by a forklift against the back of a flatbed truck. Treatment to date includes chiropractic treatments and medications. He presents on 02/19/2015 with complaints of pain in upper and lower back, arms, legs, neck and shoulders. He states symptoms are relieved by exercise, heat, lying down, massage, pain meds, physical therapy, stretching and rest. The provider documents the methadone is taken every 6-8 hours and takes about 50% of his pain away. He had no side effects from it. Diagnosis included chronic pain syndrome, neck pain, degenerative disc disease - cervical, low back pain and depression and anxiety. The provider documents the injured worker is always current and consistent with his random and routine testing. His CURES and opiate agreement are both up to date. The plan of treatment was to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 62, 74-89.

Decision rationale: CA MTUS allows for the use of Methadone for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of any opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use any validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. There is no documented medical history to suggest a particularly high risk for cardiovascular complications. There is an up to date pain contract and CURES data has been consistent with prescribed medication. Therefore, the record does support medical necessity of Methadone 10 mg #120. The requested treatment is medically necessary.

Celebrex 200mg #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. Celebrex is a Cox-2 specific NSAID and MTUS guidelines state that NSAID use guidelines apply to use of Celebrex. The request for Celebrex 200 mg #30 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as there is no documentation of length of prior treatment with this medication, response to this dose or of any trials of lower doses. Celebrex 200 mg #30 is not medically necessary.

Methadone by GC/MS urine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rockville Maryland, Substance Abuse and Maintain Health Services Administration, United States 2005, treatment improvement protocol (TIP) series #43, Chapter 9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

Decision rationale: CA MTUS is silent on urine chromatography. ODG section on Pain, Urine Drug Screen details the criteria for confirmatory testing of a urine drug screen sample with gas chromatography/mass spectrometry. It states that when the POC screen is appropriate for the prescribed drugs without evidence of non-prescribed substances, confirmation is generally not required. Confirmation should be sought for (1) all samples testing negative for prescribed drugs, (2) all samples positive for non-prescribed opioids, and (3) all samples positive for illicit drugs. In this case, there is no submitted rationale for the need for chromatography testing for confirmation. Without any rationale, the urine chromatography is not medically indicated.