

Case Number:	CM15-0045320		
Date Assigned:	03/17/2015	Date of Injury:	02/13/1995
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old female, who sustained an industrial injury on 2/13/1995. She was diagnosed as having degenerative lumbar/lumbosacral intervertebral disc, displacement cervical disc without myelopathy, displacement lumbar disc without myelopathy, and unspecified myalgia and myositis. Treatment to date has included pain medications. Per the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker reported neck pain, low back pain, right elbow pain and right knee pain. Pain is rated as 6/10. The neck pain radiates to the bilateral shoulders and the trapezius muscles. The low back pain radiates to the bilateral hip, buttock, groin and right leg with intermittent radicular pain down right lateral leg. Physical examination revealed neck range of motion decreased due to pain. There was lumbar tenderness to palpation with reduced range of motion due to pain. There was vertebral tenderness at the midline cervical region, vertebral tenderness at the midline lumbar region and occipital tenderness noted bilaterally. She was wearing a moon boot on her left lower extremity. The plan of care included continuation of current pain medication regimen, resume normal activity, electrocardiogram (EKG) and follow up care. On 1/30/2015, authorization was requested for Methadone 10mg, Oxycodone 20mg, Nuvigil and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methodone 10 mg #240 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old female has complained of lower back pain and neck pain since date of injury 2/13/95. She has been treated with epidural steroid injection, physical therapy and medications to include opioids since at least 03/2014. The current request is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.

Oxycodone 20 mg #120 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 43 year old female has complained of lower back pain and neck pain since date of injury 2/13/95. She has been treated with epidural steroid injection, physical therapy and medications to include opioids since at least 03/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

Nuvigil unspecified dose and quantity: 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)-TWC pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/nuvigil.

Decision rationale: This 43 year old female has complained of lower back pain and neck pain since date of injury 2/13/95. She has been treated with epidural steroid injection, physical therapy and medications to include Nuvigil since at least 03/2014. Nuvigil is a medication used for the treatment of narcolepsy. There is no documentation in the available medical records which supports this diagnosis. On the basis of the available medical records and per the reference cited above, Nuvigil is not indicated as medically necessary.

Flexeril unspecified dose and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 43 year old female has complained of lower back pain and neck pain since date of injury 2/13/95. She has been treated with epidural steroid injection, physical therapy and medications to include Flexeril since at least 03/2014. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Savella unspecified dose and quantity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/savella.

Decision rationale: This 43 year old female has complained of lower back pain and neck pain since date of injury 2/13/95. She has been treated with epidural steroid injection, physical therapy and medications to include Savella since at least 03/2014. Savella is a medication used to treat fibromyalgia syndrome. There is no documentation in the available medical records which supports this diagnosis. On the basis of the available medical records and per the reference cited above, Savella is not indicated as medically necessary.