

Case Number:	CM15-0045857		
Date Assigned:	03/18/2015	Date of Injury:	11/05/2009
Decision Date:	04/17/2015	UR Denial Date:	02/13/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 53 year old female, who sustained an industrial injury on November 5, 2009. She reported a twist injury to both knees. The injured worker was diagnosed as having lumbar radiculitis, degeneration of the lumbar disc, and low back pain. An MRI of the lumbar spine on May 13, 2014 revealed large posterior disc extrusion at L5-S1 level and disc extrusion abuts/effaces in the traversing right S1 nerve root. Treatment to date has included physical therapy, LSO brace, medication and disc extrusion disectomy. Currently, the injured worker reports that her post-operative back pain is better following surgery although she still has pain in her back. She has weakness in her back. Her treatment plan includes oxycodone, back brace and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Methadone: Upheld

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 Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 53 year old female with an injury on 11/05/2009. She has back pain and has improved after surgery. She is already treated with an opiate, oxycodone. MTUS, Chronic Pain for on-going treatment with opiates require objective documentation of improved functionality with respect to her ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not meet these criteria. Thus, the addition of a long acting opiate, Methodone is not indicated. Attempts should be made to wean this patient from opiates and not add additional long term, long acting opiates.