

Case Number:	CM15-0051604		
Date Assigned:	03/25/2015	Date of Injury:	11/09/2007
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: Internal Medicine

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 60 year old male who sustained an industrial injury on 11/9/07. The injured worker reported symptoms in the back, left groin and left lower extremity. The injured worker was diagnosed as having post-laminectomy syndrome, lumbar facet syndrome and lumbar stenosis. Treatments to date have included injections, oral pain medication, and muscle relaxant. Currently, the injured worker complains of pain the in back, left groin and left lower extremity. The plan of care was for medication prescriptions and a follow up appointment at a later date.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91. Methadone Page 61-62.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. MTUS indicates that Methadone is indicated for moderate to severe pain. The treating physician's progress report dated February 27, 2015 left groin, left anterior thigh, and low back pain. Diagnoses included post-laminectomy syndrome lumbar, lumbar facet syndrome, and lumbar stenosis. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. An opioid agreement was signed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. The request for Methadone is supported by the MTUS guidelines. Therefore, the request for Methadone 5 mg #90 is medically necessary.

1 Prescription of Miralax 17gm #: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain, Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page 77.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. The treating physician's progress report dated February 27, 2015 documented that the patient had been prescribed opioid medications. The constipation has responded well to MiraLAX. MTUS guidelines support the medical necessity of prophylactic treatment of constipation for patients prescribed opioid medications. The use of MiraLax is supported by MTUS. Therefore, the request for MiraLax is medically necessary.

1 Prescription Celebrex 200mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, NSAIDs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. The treating physician's progress report dated February 27, 2015 left groin, left anterior thigh, and low back pain. Diagnoses included post-laminectomy syndrome lumbar, lumbar facet syndrome, and lumbar stenosis. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of the NSAID Celebrex. Therefore, the request for Celebrex is medically necessary.