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| Case Number: | CM15-0058898 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 06/10/2003 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who reported an injury on 02/04/2009. The injured worker was reportedly struck by a bread cart. The current diagnoses include chronic cervicolumbar pain with bilateral radiculopathy, chronic bilateral knee pain, and chronic cervicogenic headaches. The injured worker presented on 03/25/2015, for a follow-up evaluation, with complaints of chronic cervicolumbar pain, bilateral knee pain, and cervicogenic headaches. The current medication regimen includes methadone 10 mg, Valium 10 mg, and Oxy IR 30 mg. The injured worker has been previously treated with TENS therapy. The injured worker reported 6/10 pain without medication, and 4/10 pain with medication. There were no adverse effects or aberrant drug behavior noted. There was no comprehensive physical examination provided. Treatment recommendations included continuation of the current medication regimen, and an Appeal Request for a lumbar discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg, 50, 40, 40, 50 , #540: Upheld

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

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

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second line drug for moderate to severe pain, if the potential benefit outweighs the risk. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

Oxycodone (OXY) immediate release (IR) 30mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. In this case, the injured worker has utilized the above medication since at least 10/2014. There is no documentation of objective functional improvement. There is also frequency listed in the request. As such, the request is not medically necessary.

Valium 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti depressant Page(s): 24, 66.

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has utilized that above medication since at least 10/2014. The guidelines do not support long-term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Discogram lumbar spine, #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The CA MTUS/ACOEM Practice Guidelines state despite the lack of strong medical evidence supporting discography, it should be reserved only for patients with back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from a detailed psychosocial assessment, and for patients who are a surgical candidate. In this case, the provider indicated the injured worker underwent a psychological assessment. However, the injured worker's psychological assessment was completed on 05/23/2014. There was no evidence of a recent psychosocial assessment. There were no recent imaging studies provided for review. There was no indication that this injured worker is currently a surgical candidate. There was no evidence of a recent attempt at any conservative treatment to include active rehabilitation. Given the above, the request is not medically necessary.