MAXIMUS Federal Services

Case Number:	CM15-0069990		
Date Assigned:	04/17/2015	Date of Injury:	11/22/2004
Decision Date:	07/10/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/13/2015

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: Pennsylvania
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 33 year old male who sustained an industrial injury on 11/22/04. Initial complaints and diagnoses are not available. Treatments to date include medications, lumbar epidural steroid injections, physical therapy, acupuncture, back surgery, and chiropractic care. Diagnostic studies are not addressed. Current complaints include chronic pain. Current diagnose include lumbago, lumbar degenerative disc disease, and bulging lumbar disc. In a progress note dated 03/17/15 the treating provider reports the plan of care as a detox program with Suboxone, lumbar spine MRI, spinal surgeon referral, and medications including baclofen, methadone, and Fentanyl. The requested treatments are a detox program with Suboxone, lumbar spine MRI, spinal surgeon referral, and medications including baclofen, methadone, and Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultation, Chapter 7, page 127.

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

Decision rationale: The ACOEM lists the following indications for referral for surgical consultation: 1. Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. 2. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. 3. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. 4. Failure of conservative treatment to resolve disabling radicular symptoms. The visit note of 3/17/15 states that the spinal surgeon told him there is nothing more to offer him. The medical documentation does not suggest any new symptoms that have not already been addressed surgically for which a referral is necessary. Therefore the request is not medically necessary.

MRI of the lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/MRI.

Decision rationale: According to the Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. The medical documentation does not indicate that there was significant change in symptoms and/or findings suggestive of significant pathology since a previous MRI of the lumbar spine. Therefore, there is no medical necessity for this MRI.

Fentanyl patch 100mcg/hr #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS list several indications to discontinue opioids which includes no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. This worker has shown no overall improvement in function. He has been non-adherent with his pain management plan. His use of the narcotics is inconsistent. There is a plan in place to discontinue his opioid pain management as he is being referred to a suboxone clinic. Therefore the request is not medically necessary.

Methadone 10mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-96.

Decision rationale: The MTUS list several indications to discontinue opioids which includes no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. This worker has shown no overall improvement in function. He has been non-adherent with his pain management plan. His use of the narcotics is inconsistent. There is a plan in place to discontinue his opioid pain management as he is being referred to a suboxone clinic. Therefore the request is not medically necessary.

Referral for Suboxone therapy (detox): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications/Suboxone.

Decision rationale: In this case, referral to a Suboxone clinic is being recommended for treatment of opioid dependence and not for treatment of chronic pain. The ODG does recommend it for selected patients for treatment of opioid dependence. It can be prescribed in a physician office setting and an inpatient stay is not required. The record indicates this worker was successful previously with Suboxone treatment but did not continue due to financial reasons. He has had 5-6 other attempts with detox programs that apparently did not include Suboxone. A trial of Suboxone is reasonable and necessary in this case.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): s 63-64.

Decision rationale: Muscle relaxants in general are recommended only for short-term treatment of acute exacerbations in patients with chronic low back pain. It is not clear in this case how this medication is being used. Furthermore Baclofen is recommended orally only for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Therefore the request is not medically necessary.