

Case Number:	CM14-0075685		
Date Assigned:	07/28/2014	Date of Injury:	06/12/1996
Decision Date:	11/17/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female with date of injury 6/12/1996. The mechanism of injury is not stated in the available medical records. The patient has complained of back pain with bilateral leg pain since the date of injury. She has been treated with surgery (2003, laminectomy decompressive surgery at L5-S1), physical therapy and medications. MRI of the lumbar spine dated 02/2014 revealed degenerative disc disease (L3-4, L5-S1) and degenerative facet disease (L4-L5 and L5-S1). Objective: decreased and painful range of motion of the lumbar spine, weakness of the extensor hallicus longus bilaterally, positive straight leg raise bilaterally. Treatment plan and request: Methadone, Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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

Decision rationale: This 57 year old female has complained of back pain with bilateral leg pain since date of injury 6/12/1996. She has been treated with surgery (2003, laminectomy decompressive surgery at L5-S1), physical therapy and medications to include methadone since at least 11/2013. 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 IR 30mg #250: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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

Decision rationale: This 57 year old female has complained of back pain with bilateral leg pain since date of injury 6/12/1996. She has been treated with surgery (2003, laminectomy decompressive surgery at L5-S1), physical therapy and medications to include oxycodone IR since at least 11/2013. The current request is for Oxycodone IR. 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 IR is not indicated as medically necessary.