MAXIMUS Federal Services

Case Number:	CM14-0096499		
Date Assigned:	07/28/2014	Date of Injury:	11/20/1991
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 68-year-old female who reported an injury on 11/20/1991. The mechanism of injury was lifting. The injured worker was diagnosed with lumbar spondylosis and facet arthropathy, cervical spondylosis/degenerative disc disease with facet arthropathy, cervical radiculopathy with worse in the left upper extremity, and fibromyalgia and generalized musculoskeletal pain Prior treatments included physical therapy. A cervical spine MRI and lumbar spine MRI were performed on 05/17/2014. Drug urine tests were performed on 01/21/2014, 02/25/2014, 03/11/2014, and 04/29/2014; all tests indicated the injured worker was compliant with medications with no evidence of illicit drugs. On 05/20/2014, the injured worker noted continued areas of pain including posterior upper neck pain with posterior headaches somewhat worse on the right rather than the left. She had upper back pain on the left and left sided neck pain with numbness and tingling down to the fingers. The physician noted the injured worker's gait was non-antalgic. Palpation of the cervical spine produced tenderness to the paraspinous muscle groups. Range of motion in the lower back was decreased. Deep tendon reflexes were symmetrical. Straight leg raise was positive. The physician noted left upper extremity radicular symptoms were increased. The injured worker was prescribed compounded cream, Cymbalta, methadone, Baclofen, and Klonopin. The physician will consider an ESI at C7-T1 as part of a treatment plan. The Request for Authorization Form and the rationales for the requests were not submitted for review with these documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone and Opioids, criteria for use Page(s): 61-62, 78.

Decision rationale: The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Methadone should only be prescribed by providers experienced in using it. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The requesting physician did not indicate which medications the injured worker previously tried which failed to alleviate her pain. Urine drug screens were performed on 01/21/2014, 02/25/2014, 03/11/2014, and 04/29/2014; all tests indicated the injured worker was compliant with medications with no evidence of illicit drugs. The physician did not indicate objective functional improvements were made with the medication. There was no assessment for aberrant behaviors. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As this medication is being used outside of MTUS Guidelines, the request for Methadone 10 mg. #20 is not medically necessary and appropriate.

Baclofen 20mg. #30: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The physician is utilizing this medication as a first line treatment for muscle spasms. The injured worker has been utilizing this medication since at least 01/21/2014 for muscle spasms. There is a lack of documentation indicating the injured worker has significant muscle spasms upon physical examination. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. The request for continued use of this medication would exceed the guideline recommendation for a short course of treatment. The request as submitted fails to provide the frequency of the medication. As such, the request for Baclofen 20 mg #30 is not medically necessary and appropriate.