MAXIMUS Federal Services

Case Number:	CM14-0097721		
Date Assigned:	07/23/2014	Date of Injury:	04/12/2000
Decision Date:	10/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 56-year-old male who reported an injury on 04/12/2000 due to an unknown mechanism. Diagnoses were failed back surgery syndrome; lumbar radiculopathy; facet arthropathy; lumbar; sacroiliac joint dysfunction; cervical radiculopathy; history of thoracic outlet syndrome, bilateral; status post thoracic outlet syndrome surgery with rib resection; depression, major. Past treatment was not reported. Past surgical history: 2 lumbar spine surgeries; rib resection, bilaterally for thoracic outlet syndrome. Physical examination on 07/11/2014 revealed complaints of low back pain, lower extremity pain, and neck pain. The injured worker reported left lower extremity weakness for the past month which caused him to fall to his left side. He also reported severe, sharp, stabbing pain in the lower lumbar spine, intermittently. Examination of the cervical spine with palpation revealed tenderness was normal. There was moderate tenderness over bilateral paracervical area. Range of motion was limited. There was diffuse tenderness over thoracic spine. There was moderate to severe tenderness of the lower lumbar facet. Extension of lumbar spine was very painful. Flexion was also difficult. Straight leg raise was positive bilaterally at 45 degrees. Medications were Methadone HCL 10 mg 1 tablet 3 times a day, fentanyl 75 mcg/hour 1 every 8 hours, Lidoderm 5%patch, baclofen 10 mg, Wellbutrin XL 300 mg, meloxicam 15 mg, Lopid 600mg, clonazepam 0.5 mg, paroxetine HCL 20 mg, trazodone HCL 50 mg, Mobic 7.5 mg, and cyclobenzaprine HCL 10 mg. Treatment plan was for an MRI of the lumbar spine without contrast. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg #15 apply 1 every 48 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter given Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl), Ongoing Management, Opioid Dosing Page(s): 44, 78, 86.

Decision rationale: The request for fentanyl 75 mcg quantity 15 apply 1 every 48 hours is non-certified. The California Medical Treatment Utilization Schedule Guidelines indicate that Duragesic (fentanyl) is not recommended as a first line therapy. The FDA approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. There should be documentation and objective improvement in function, and objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. Although, the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.

Methadone HCL 10mg three times daily #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter given Page(s): 63, 64.

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

Decision rationale: The request for Methadaone HCL 10 mg, 3 times a day quantity 90 is non-certified. The Official Disability Guidelines have set up steps for prescribing Methadone. The drug should be used with caution in opioid naive patients due to the risk of life threatening hypoventilation. Inform the patient that they should not be tempted to take more Methadone than prescribed due to the dangerous buildup that can lead to death. The patient should be warned not to use alcohol, benzodiazepines or other CNS depressants. Inform the patient of the potential adverse side effects of Methadone. Although, the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, the request is non-certified.