

Case Number:	CM14-0194042		
Date Assigned:	12/01/2014	Date of Injury:	02/06/2009
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 63-year-old female with an original date of injury on 2/6/2009. The injury occurred when she was lifting a patient and she heard a pop in her lower back, followed by immediate pain. The industrially related diagnoses include lumbar disc herniation, chronic pain syndrome, sciatica, and lower back pain. To date, the patient has had 2 back surgeries, 3 back injections, one nerve block, and ineffective physical therapy. The patient had a MRI of the lumbar spine on January 12, 2011 indicating spinal stenosis at L4-5, and resolution of the L3-4 posterior disc protrusion. The patient was taking Mobic, Norco, Gabapentin, Methadone and Methocarbamol for pain. The patient has previously tried Norco and Lyrica, however, these medications were denied by [REDACTED]. She's also tried Fentanyl without good relief. The disputed issues are the request for Methadone 5 mg 90 tablets with 2 refills and Methocarbamol 500 mg 90 tablets with 6 refills. A utilization review on November 6, 2014 has non-certified these requests. Regarding the requests for Methadone, the rationale for a denial was patient has been taking Methadone since April 2014 and opiates since 2012, given there has been no improvement in symptoms or function since the addition of Methadone, this medication is not appropriate to be continued. In addition, recommendations to begin weaning Methadone were made in April and July of 2014, but the provider has not started the process. Enough time has passed for that process to be completed, so additional weaning was not recommended. In regards to the refill of Methocarbamol, the rationale for denial was guidelines suggest a 2 to 3 weeks course of muscle relaxant to be tried, this patient has been on Methocarbamol since April 2014 with no documented improvement, in fact, and the condition appears to have worsened. Therefore, the patient has exceeded the recommended length of use and this medication is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Criteria for Use of Opioids.

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

Decision rationale: The patient was on Fentanyl patch and Norco for pain controlled. She was switched to Methadone 5 mg on April 9, 2014 because she failed Fentanyl. However, there's no documentation regarding why Norco was not continued. The progress note on date of service July 31, 2014 and October 30, documented the patient having 6/10 pain and 10 out of 10 pain respectively while being on Methadone. There is no documentation of functional or symptom improvement while patient has been on Methadone. Chronic Pain Medical Treatment Guidelines state Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, Methadone is being prescribed as primary medication to be taken to treat chronic pain and no attempts have been made at weaning or tapering this medication. As such, the currently requested Methadone is not medically necessary.

Methocarbamol 500mg #90 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: The patient was on Fentanyl patch and Norco for pain controlled. She was switched to Methadone 5 mg on April 9, 2014 because she failed Fentanyl. However, there's no documentation regarding why Norco was not continued. The progress note on date of service July 31, 2014 and October 30, documented the patient having 6/10 pain and 10 out of 10 pain respectively while being on Methadone. There is no documentation of functional or symptom improvement while patient has been on Methadone. Chronic Pain Medical Treatment Guidelines state Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, Methadone is being prescribed as primary medication to be taken to treat chronic pain and no attempts have been made at weaning or tapering this medication. As such, the currently requested Methadone is not medically necessary.