

Case Number:	CM15-0001909		
Date Assigned:	01/12/2015	Date of Injury:	02/25/2010
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male who reported an injury on 02/25/2010. The mechanism of injury was not submitted for review. The injured worker's diagnosis of left hip pain, lumbar discogenic pain, facet arthropathy of the lumbar spine, depressive disorder not elsewhere classified, positive traumatic stress disorder, degenerative disc disease of the lumbar spine, pain in the low back, iliotibial band syndrome, abnormality of gait and abnormal posture. Past medical treatment consist of medication therapies. Medications include Cymbalta 60 mg, zolpidem titrate 10 mg, gabapentin 800 mg, hydrocodone/APAP 10/325 and methadone HCL 10 mg. On 06/02/2014, the injured worker underwent a urine drug screen which showed that he was positive for opiates and hydromorphone that were not prescribed. On 12/23/2014, the injured worker complained of low back pain and left hip pain. The injured worker described the pain as aching, burning, sharp stabbing and tender. The injured worker rated the pain at a 3/10 to the left hip, worse pain over the past have been 7/10. The pain with medication was 3/10. Physical examination of the lumbar spine revealed a flexion limited to 50%, extension limited to 50%, right rotation limited to 40%, and left rotation limited to 40%. There was mild tight band, mild spasm, mild hypertonicity and mild tenderness along the bilateral lumbar. There was tenderness at the L5-S1 along the midline which aggravated with extension and came up from bend position. Straight leg raise maneuver was moderately positive at 40 degrees along the L5 and S1 level for radicular symptoms. Sensory examination revealed light touch sensation had dyesthesias, paresthesias along the left L5 and S1 root distribution. Pinprick exam revealed diminished sensation with dyesthesias, paresthesias along the left L5 and left S1 root distribution.

Treatment plan is for the injured worker to continue with medication therapy. The provider feels that with medications the injured worker shows functional improvements. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg Q4-6H as needed #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management; Opioids, dosing Page(s): 60, 78; 86.

Decision rationale: The request for hydrocodone/APAP 10/325 every 4 to 6 hours with a quantity of 180 is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalence per day. The submitted documentation indicated that the injured worker underwent a urine drug screen on 06/02/2014 which noted that they were not compliant with prescription medications. Additionally, there were no pertinent assessments indicating what pain levels were before, during, and after medication administration. It was indicated that the injured worker had a pain level decrease from a 7/10 to a 3/10 with the use of medications. However, it did not specify which medication gave relief of pain. Side effects include sweats. Additionally, there was no documented evidence indicating objective improvement in function with the use of the medication. Given the above and the evidence based guidelines, the request would not be indicated. As such, the request is not medically necessary.

Methadone HCL 10mg three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61 and 62.

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

Decision rationale: The request for methadone HCL 10 mg 3 times a day with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. FDA reports that they have received reports of severe morbidity and mortality with this medication. Pain relief only lasts 48 hours. Methadone should only be prescribed by providers experienced in using it. The submitted documentation did not indicate the efficacy of the medication, or did it indicate that the medication was helping with any functional deficits. There were no pain

assessment showing what pain levels were before, during, and after medication administration. The guidelines further state that the produce is FDA approved for detoxification in maintenance and narcotic addiction, there was no indication in the submitted documentation of the medication being used for detoxification or if the injured worker was having any narcotic addiction. Given the above, the injured worker is not within California MTUS recommended guideline criteria. As such, the request is not medically necessary.