

Case Number:	CM15-0014048		
Date Assigned:	02/02/2015	Date of Injury:	01/11/1985
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/25/2015

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

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 57-year-old male who reported an injury on 01/11/1985. The mechanism of injury was not specifically stated. The current diagnoses include lumbar postlaminectomy syndrome and chronic pain syndrome. The injured worker presented on 12/16/2014 with complaints of thoracic and low back pain. The injured worker also reported activity limitation. A previous urine drug screen was consistent for methadone, oxycodone, and fentanyl. The injured worker is status post 3 separate lumbar surgeries, the latest on 02/28/2012, including and anterior discectomy and interbody fusion at L3-4. The injured worker is also status post knee surgery and carpal tunnel release. Upon examination, there was difficulty rising from a seated position, tenderness over the superior trapezius and levator scapulae, tenderness over the iliolumbar spine, and tenderness with flexion at the waist to knee and on extension. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form then submitted on 12/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic pain: Opioids

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

Decision rationale: The California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risks. In this case, the injured worker has continuously utilized methadone since at least 07/2014. There was no documentation of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Deplin 15mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Dietary management

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter, Deplin (L-methylfolate)..

Decision rationale: The Official Disability Guidelines do not recommend Deplin. Deplin is a prescription medical food that contains L-methylfolate in doses of 7.5 mg or 15 mg. The medical necessity for the requested medication has not been established in this case. There was no frequency listed in the request. Given the above, the request is not medically appropriate.