

Case Number:	CM15-0014672		
Date Assigned:	02/02/2015	Date of Injury:	11/18/1993
Decision Date:	03/27/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/26/2015

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 54-year-old male who reported an injury on 11/18/1993. The mechanism of injury was not specifically stated. The current diagnoses include low back pain, lumbar radiculopathy, lumbar disc degeneration, and lumbar disc displacement. The injured worker presented on 12/23/2014 with complaints of low back pain as well as bilateral lower extremity pain. The injured worker remained on methadone 10 mg 3 times daily without adverse medication side effects. Upon examination, there was tenderness to palpation at the L4-S1 levels with complaints of bilateral lower extremity discomfort in the L4 and L5 pattern. Straight leg raise was positive bilaterally at 30 degrees and sensation was decreased in the bilateral lower extremities in the L4 pattern. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 risk. In this case, the injured worker has continuously utilized the above medication for an unknown duration. 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.

Ibuprofen 600 mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, there was no indication that the injured worker was currently utilizing ibuprofen 600 mg. Additionally, the California MTUS Guidelines do not recommend long term use of NSAIDs. There was no indication that the injured worker was suffering from an acute exacerbation of chronic pain. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.