

Case Number:	CM15-0014682		
Date Assigned:	02/02/2015	Date of Injury:	05/22/2013
Decision Date:	03/27/2015	UR Denial Date:	01/08/2015
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 51-year-old female who reported an injury on 05/22/2013. The injured worker was reportedly struck from behind by a forklift handle. The current diagnoses include positive diagnostic bilateral L4-S1 medial branch block, bilateral lumbar facet joint pain, lumbar facet arthropathy, chronic low back pain, lumbar sprain and lumbar contusion. The injured worker presented on 01/02/2015 with complaints of bilateral low back pain radiating into the buttock region. The current medication regimen includes oxycodone 10/325 mg, Flexeril 10 mg, trazodone 50 mg, Lidoderm patch, Effexor XR 75 mg, docusate 250 mg, and Senna. The injured worker has been previously treated with Norco 5/325 mg. Upon examination, there was tenderness to palpation over the lumbar paraspinal muscles, facet joint tenderness at L4-S1, 2+ peripheral pulses, restricted lumbar range of motion secondary to pain, negative lumbar discogenic provocative maneuvers, 5/5 motor strength in the bilateral lower extremities, and intact sensation. Recommendations at that time included a psychological consultation, continuation of the current medication regimen, and a prescription for methadone 5 mg. 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 5mg By Mouth 2 Times A Day #60 With 0 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS Guidelines recommend methadone as a second line option for moderate to severe pain if the potential benefit outweighs the risk. In this case, the injured worker is also utilizing oxycodone 10/325 mg twice a day on an as needed basis. The medical necessity for an additional schedule narcotic has not been established in this case. There is no documentation of a failure of first line treatment prior to the initiation of a second line opioid. Given the above, the request is not medically appropriate in this case.