

Case Number:	CM15-0113703		
Date Assigned:	06/22/2015	Date of Injury:	02/11/2011
Decision Date:	07/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 62 year old male, who sustained an industrial injury on 2/11/2011. He reported being struck over the right knee by a client in a wheelchair. Diagnoses have included thoracolumbar sprain, lumbar sprain, right leg contusion, right knee sprain, left hips sprain with greater trochanteric bursitis and left lower extremity radiculopathy. Treatment to date has included acupuncture, massage and medication. According to the progress report dated 5/5/2015, the injured worker reported his current pain range to be 7-10/10 in his right low back. He was noted to have had 50% improvement with past trigger point injections. Sitting tolerance was thirty minutes, standing ten minutes and walking ten minutes. Massage and acupuncture were on hold due to a current flare-up. The injured worker had a guarded gait and used a cane. He had tight, hard paravertebral muscles. Authorization was requested for Methadone and Butalbital/ASA/Caffeine/Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/ASA/Caffeine/Codeine 50mg/325mg/40mg/30mg, Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: CA MTUS states that BCAs are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbituate constituents. There is a risk of medication overuse as well as rebound headaches. In this case, BCAs are not indicated for chronic pain and the request is deemed not medically necessary.

Methadone HCL 10mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: Opioids have been suggested for neuropathic pain that has not responded to first-line agents such as antidepressants and anticonvulsants. There are no trials for long-term use. They are primarily recommended for short-term use. If long-term use is necessary, ongoing documentation of functional improvement and pain relief is necessary. In this patient, there is no evidence that the chronic use of Methadone has resulted in significant improvement in function. He is still unable to work. Trials of first-line agents (antidepressants should be considered as well as an attempt wean the patient from Methadone. The request is deemed not medically necessary.