

Case Number:	CM15-0116525		
Date Assigned:	06/24/2015	Date of Injury:	08/23/2001
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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, Pain Management

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 65 year old male, who sustained an industrial injury on 8/23/01. He has reported initial complaints of low back injury. The diagnoses have included low back pain, lumbar degenerative disc disease (DDD), and long-term use of opiate analgesics. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, and epidural steroid injection (ESI). Currently, as per the physician progress note dated 5/8/15, the injured worker complains of continued back pain and discomfort rated 5-6/10 on pain scale. There are no physical findings noted that relate to the lumbar spine. The physician orthopedic consult note dated 5/29/15, the injured worker complains of chronic low back pain present for more than 10 years with stiffness. He notes that he has had epidural steroid injection (ESI) in the past but they were not very helpful. The physical exam reveals that he walks with slow gait and is flexed forward. There is mild guarding with thoracolumbar range of motion and low back pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Omeprazole, Venlafaxine, Hydrocodone/Acetaminophen and Methadone. There is no previous urine drug screen reports noted in the records. The physician requested treatments included 1 Prescription of Methadone 10 mg #240 with 3 refills and 1 Prescription of Venlafaxine HCL 75mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10 mg #240 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for methadone, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested methadone is not medically necessary.

1 Prescription of Venlafaxine HCL 75mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 13-16.

Decision rationale: Regarding the request for venlafaxine, CA MTUS cites that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the medication provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested venlafaxine is not medically necessary.