

Case Number:	CM15-0119062		
Date Assigned:	06/29/2015	Date of Injury:	10/16/2000
Decision Date:	07/29/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, California

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 51 year old male, who sustained an industrial injury on 10/16/00. The injured worker has complaints of chronic back pain and left lower extremity pain. The documentation noted on examination of the lower lumbar spine there were tight and tender muscle bands with palpation to the left peri sacrum region. The diagnoses have included lumbar degenerative disc disease and lower extremity pain and tapering opioids. Treatment to date has included urine drug test and Patient Activity report are consistent; hydrocodone and methadone. The request was for hydrocodone 10/325 mg, 210 count and methadone 5mg, sixty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg, 210 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over a year. There was mention of taper of opioids one year ago and recently again but the quantity of Hydrocodone remained similar. There was no mention of Tylenol or Tricyclic failure. The continued use of Hydrocodone is not medically necessary.

Methadone 5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: According to the guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. It is only FDA-approved for detoxification and maintenance of narcotic addiction. In this case, there is no indication of need for detoxification or narcotic addiction. The claimant had recently tapered the Methadone but a weaning schedule and agreement as well as duration was not specified. As a result, continued and long-term use of Methadone is not substantiated and is not medically necessary.