

Case Number:	CM15-0038225		
Date Assigned:	03/06/2015	Date of Injury:	11/03/2007
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55-year-old male with an industrial injury dated November 3, 2007. The injured worker diagnoses include lumbago and disc degeneration of lumbosacral. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 1/14/2015, the injured worker currently complains of continued pain in low back and knees. Objective findings revealed tenderness at lumbar spine, tenderness at facet joint, decreased flexion, decreased extension and decreased lateral bending. The treating physician prescribed services for MRI of the lumbar spine and Methadone 10mg #120 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Methadone.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Methadone 10 mg #120 is not medically necessary. Methadone is recommended as a second line drug for moderate to severe pain only if the potential benefit outweighs the risk, unless methadone is prescribed by pain specialists with experience in its use and by addiction specialists where first-line use may be appropriate. The drug is complex and has adverse effects that include respiratory depression and adverse cardiac events. Methadone should be given with caution to patients with decreased respiratory reserve (COPD, asthma, sleep apnea, severe obesity). Methadone is useful when there is evidence of tolerance to other opiate agonists or there are intolerable intractable side effects. For additional details, see the guidelines. In this case, the injured worker's working diagnoses are lumbago, low back pain; and disc degeneration lumbosacral. The oldest progress note in the medical record is dated May 16, 2014. The injured worker was taking Methadone at that time. The most recent progress note in the medical record is dated January 14, 2015. There is no interim documentation containing objective functional improvement in the worker. Methadone 10 mg every six hours is the ongoing dose. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. Subjectively, the injured worker complains of low back pain and states "medications help somewhat". The VAS pain score is 7/10 with medications. Objectively, the documentation indicates tenderness at the lumbar spine, tenderness of the facet joint, decreased flexion and decreased extension and decreased lateral bending. There is no detailed neurologic evaluation in the medical record. The patient is determined to be alert and oriented. Overall, the injured worker appears to be taking Methadone four times a day with persistent pain and Methadone that provides minimal improvement with a VAS pain score of 7/10. Consequently, absent compelling clinical documentation with evidence of objective functional improvement, absent pain assessments and risk assessments (with ongoing opiate use), VAS pain scores 7/10 with medications and documentation the "medications help somewhat", Methadone 10 mg #120 is not medically necessary

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and

findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, In this case, the injured worker's working diagnoses are lumbago, low back pain; and disc degeneration lumbosacral. The oldest progress note in the medical record is dated May 16, 2014. The injured worker was taking Methadone at that time. The most recent progress note in the medical record is dated January 14, 2015. Subjectively, the injured worker complains of low back pain and states "medications help somewhat". The VAS pain score is 7/10 with medications. Objectively, the documentation indicates tenderness at the lumbar spine, tenderness of the facet joint, decreased flexion and decreased extension and decreased lateral bending. There is no detailed neurologic evaluation in the medical record. A progress note September 24, 2014 states the injured worker had a prior magnetic resonance imaging scan lumbar spine "years ago". It is unclear whether this reference is two years ago or 10 years ago. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation in the medical record of a significant change in symptoms or objective findings. Subjectively the injured worker has low back pain that is "helped somewhat" with Methadone. Objectively, there is no detailed neurologic evaluation. The ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. There were no unequivocal objective neurologic findings documented in the medical record. Consequently, absent clinical documentation with unequivocal objective neurologic findings, a prior MRI of the lumbar spine (the results were not known in the date was not known), MRI lumbar spine is not medically necessary.