

Case Number:	CM15-0069438		
Date Assigned:	04/17/2015	Date of Injury:	03/27/2013
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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: Preventive Medicine, Occupational 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 58-year-old male who sustained an industrial injury on 03/27/2013. Diagnoses include lumbago, low back pain, radiculitis, lumbar thoracic, lumbar, thoracic, disc degeneration, encounter for long term use of medications. Treatment to date has included diagnostic studies, medications, and injections. A physician progress note dated 02/23/2015 documents the injured worker complains of low back pain that is aching, chronic and constant. He rates his pain as 6 out of 10 with medications. He has fallen twice in the last 8 weeks, and it has occurred when he got up at night to use the bathroom. The injured worker ambulates with a cane. On examination, there is tenderness in the lumbar spine, and at the facet joints. There is decreased flexion, decreased extension and decreased lateral bending. The injured worker received an injection and drug screen with this visit. The treatment plan is for refilling of medications, a commode chair to be used at night, and lumbar medial branch block. Treatment requested is for Methadone 10mg #60, Norco 10/325mg #150, and Toradol 60mg/2ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Methadone Page(s): 95.

Decision rationale: Per MTUS guidelines, Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. There has been no documentation of failed first-line opiate therapy in this patient. Furthermore, there is no documentation of functional improvement from previous usage in this patient. The request for Methadone 10mg #60 is not medically necessary.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-75, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. There has been no documented objective evidence of functional improvement in this injured worker with the chronic use of opioid pain medications. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #150 is not medically necessary.

Toradol 60mg/2ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation

of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. Toradol is specifically not indicated for chronic pain. There is no documentation that the patient has used acetaminophen for pain relief prior to this request for Toradol. The request for Toradol 60mg/2ml is not medically necessary.