

Case Number:	CM15-0076261		
Date Assigned:	04/27/2015	Date of Injury:	03/28/2005
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Illinois

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 44 year old male, who sustained an industrial injury on March 28, 2005. He reported low back pain and right leg pain. The injured worker was diagnosed as having status post motion sparing lumbar decompression, mechanical failure of implant, Failed back syndrome status post six back surgeries, hypertrophic facets of the lumbar and sacral spine and sacroiliac joint dysfunction on the right. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, a dynasty implant, conservative care, medications and work restrictions. Currently, the injured worker complains of back, bilateral hips, thighs, knees, calves and toes pain. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 7, 2015, revealed continued pain. Medications were requested.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on March 28, 2005. The medical records provided indicate the diagnosis status post motion sparing lumbar decompression, mechanical failure of implant, Failed back syndrome status post six back surgeries, hypertrophic facets of the lumbar and sacral spine and sacroiliac joint dysfunction on the right. Treatment to date has included surgical intervention of the lumbar spine, a dynasty implant, conservative care, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for. Methadone 10mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation if opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on this medication since 2011, but with no overall improvement. The Injured worker is not properly monitored for activities of daily living, aberrant behavior. The worker is on several medications that have similar adverse effects, including drowsiness, the worker is said to be experiencing adverse effects to an unspecified medication. The request is not medically necessary.