

Case Number:	CM15-0079289		
Date Assigned:	05/28/2015	Date of Injury:	05/24/2002
Decision Date:	06/25/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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 58-year-old male with an industrial injury dated 05/24/2002. He describes the injury occurring while he was inflating a tire and an explosion occurred. He states he was projected about 30 feet away from the truck where he was working. Initially he was taken to emergency department, told he had no broken bones, given "pain killers" and sent home. His diagnoses included post-laminectomy syndrome - lumbar, severe lower extremity radiculitis, lumbar spinal stenosis, indwelling spinal cord stimulator, situational anxiety and depression and opiate withdrawal and severe reactive pain secondary to medication denial. Prior treatments included medications, trigger point injection, physical therapy, and referral to a spinal surgeon, neck surgery, pain management and epidural injections. He presents on 02/19/2015 for medication discussion. The provider notes the injured worker's medications (Methadone, Norco, Phenergan and other medications) were denied. The provider notes a concern that the injured workers reactive depression seems to have worsened because of the increased pain and stress associated with his medication denials. The provider notes since the acute discontinuance of the injured worker's medications he has experienced withdrawal symptoms, severe gastrointestinal upset, weight loss, severe diaphoresis, dizziness nausea and vomiting. The injured worker had made "many trips" to the emergency room for treatment of the discontinuance of his medications. Physical exam revealed the injured worker to be awake, alert, severely anxious and depressed. Cervical spine evaluation revealed severe pain with palpation and with range of motion. Lumbar spine muscle spasms were noted. There was some mild, diffuse decreased sensation to pin prick in the left lower extremity. The request is for Methadone 10 mg # 90, Neurontin 600 mg # 10, Celebrex # 30, Prilosec 20 mg # 60 and samples of Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #90: Upheld

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

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 was abrupt discontinuation of opioids due to prior medication denial. The claimant had withdrawal symptoms. However, currently, the claimant was placed on Norco. There is no indication of current detoxification plan or addiction management. The Methadone was provided more for prophylaxis. The current request for Methadone is not medically necessary.

Neurontin 600mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Neurontin use. Furthermore, the treatment duration was longer than recommended. Neurontin is not medically necessary.