

Case Number:	CM13-0032381		
Date Assigned:	12/11/2013	Date of Injury:	08/08/2002
Decision Date:	01/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported injury on 08/08/2002. The mechanism of injury was not provided. The patient was noted to have left cervical radicular pain and stiffness and left shoulder pain, and was noted to be getting more depressed. The patient's diagnoses were noted to include ulnar nerve entrapment on the left, failed neck surgery syndrome, cervical radiculopathy, cervical myofascial pain syndrome, shoulder pain, chronic, and dyspepsia. The request was made for methadone hydrochloride 10 mg #270, Prilosec 20 mg #60 with 2 refills, and Gabapentin 600 mg #120 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Section Opioids Section Page(s): s 61; 75, 78.

Decision rationale: The California MTUS guidelines recommend Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk and that for on-going management there should be documentation of the 4 A's, analgesia, activities of daily living,

adverse side effects and aberrant drug behavior. The clinical documentation submitted for review indicated that the patient's pain rating on a good day was noted to be 8/10; and on a bad day, 10/10. The patient was noted to have moderately severe left paracervical and parascapular tenderness with decreased range of motion. The medications that were noted to be renewed were methadone hydrochloride 10 mg tablets 2 to 3 times a day, Roxicodone 15 mg 1 to 2 tabs by mouth every 4 hours as needed up to 8 a day, Gabapentin 600 mg 1 tablet by mouth 4 times a day, and Prilosec 20 mg. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Additionally, clinical documentation submitted for review failed to provide the patient had used a first-line drug for moderate to severe pain. Additionally, clinical documentation failed to provide the necessity for 270 tablets. As per the documentation, the patient was taking 2 to 3 tablets 3 times a day, which would not support the necessity for 270 tablets. Given the above, the request for methadone hydrochloride 10 mg #270 is not medically necessary.

Prilosec 20mg #60 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 69.

Decision rationale: The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation, while indicating the patient's diagnosis was dyspepsia, failed to provide documentation of the necessity for the medication. It failed to provide the patient had signs and symptoms of dyspepsia. Given the above, the request for Prilosec 20 mg #60 with 2 refills is not medically necessary.

Gabapentin 600mg #120 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Section Page(s): 16.

Decision rationale: The California MTUS guidelines indicate that Gabapentin is recommended for neuropathic pain. The clinical documentation submitted for review indicated the patient was taking Gabapentin 600 mg 1 tab by mouth 4 times a day. It was noted the patient had increased radicular pain to the lower extremities at the current Gabapentin dosage. However, clinical documentation failed to provide the requested medication was an increase. Given the above, and the lack of efficacy of the medication, the request for Gabapentin 600 mg #120 with 2 refills is not medically necessary.