

Case Number:	CM13-0065208		
Date Assigned:	01/03/2014	Date of Injury:	05/05/2005
Decision Date:	05/20/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker is a 48-year-old female who reported an injury on 05/05/2005. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back that ultimately resulted in an L4-5 fusion. The injured worker's postsurgical pain was managed with epidural steroid injections and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's medication history included methadone and omeprazole since at least 05/2013. The injured worker was evaluated on 01/03/2014. It was documented that the injured worker had not recently had significant change in her clinical presentation that her current medications were "working well." It was documented that the injured worker had 9/10 pain. Physical examination findings included severe left foot pain and decreased range of motion of the lumbar spine. The injured worker's diagnoses included thoracic and lumbar neuritis/radiculitis, muscle spasm, and degenerative intervertebral disc of the lumbar spine. The injured worker's treatment planning included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 0.5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs, GI Symptoms & Cardiovascular Page(s): 68.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the ongoing use of this medication be supported by assessment of the injured worker's gastrointestinal system to determine risk factors of gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an assessment of the injured worker's risk factors to support continued use of this medication. Additionally, the request as it is submitted does not clearly define a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested omeprazole 0.5 mg #30 is not medically necessary and appropriate.

METHADONE 5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend the continued use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the injured worker is monitored for aberrant behavior and that side effects are managed. However, the clinical documentation fails to provide a quantitative assessment of pain relief as the injured worker's documented pain level is 9/10. There is no documentation of functional benefit related to medication usage. Therefore, continued use of this medication is not supported. Also, the request as it is submitted does not clearly define a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested methadone 5 mg #60 is not medically necessary and appropriate.