

Case Number:	CM14-0054478		
Date Assigned:	07/07/2014	Date of Injury:	07/18/1997
Decision Date:	08/28/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

Patient is a 65-year-old male who has submitted a claim for right ankle and foot pain, headache, lumbago, GERD, dyspepsia, hypertension, hypogonadism, right ankle pain, reflex sympathetic dystrophy of the lower limb, and post-traumatic stress disorder associated with an industrial injury date of 07/18/1997. Medical records from 2013 to 2014 were reviewed. Patient complained of neck and low back pain radiating to bilateral lower extremities, graded 10/10 in severity and relieved to 8/10 upon intake of medications. He likewise reported of right ankle pain associated with hyperesthesia, allodynia, swelling, and stiffness. Fabere test was positive bilaterally. Patient was unable to perform heel walking at the right. Range of motion of the right ankle with mottled appearance were noted. Hyporeflexia of the lower extremities was evident. Gait was antalgic, favoring the right side. Treatment to date has included physical therapy, activity restrictions, and medications such as Methadone, Cymbalta, Cimetidine, Prilosec, Testosterone Gel, Clonidine, and Olmesartan. Utilization review from 04/01/2014 modified the request for Methadone Hcl 10 mg #90 into #68 for the purpose of weaning since pain reduction and functional improvement were not reported; and denied Prilosec because there was no gastrointestinal complaint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Methadone Hcl 10 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Opioids Page(s): 61-62, 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The California MTUS on pages 61-62 also indicate that methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, patient has been on Methadone since November 2013 due to failed trials of Tylenol, Lyrica, Neurontin and Lidoderm patch. Patient reported pain relief and functional improvement from its use. No aberrant drug behavior was noted. Urine drug screen from 02/20/2014 was likewise consistent. Guideline criteria for continuing treatment have been met. Therefore, the request for Methadone 10mg, #120 is medically necessary.

Prospective request for unknown prescription for Prilosec.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since November 2013. PPI was started due to gastrointestinal complaints associated with multiple oral medication intake. Patient reported symptom relief upon its use; hence, the medical necessity for continuing PPI treatment has been established. However, the request failed to specify dosage and quantity to be dispensed. The request is incomplete; therefore, the request for Prilosec is not medically necessary.