

Case Number:	CM14-0208095		
Date Assigned:	12/22/2014	Date of Injury:	07/21/2003
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 64-year-old male with date of injury of 07/21/2003. The listed diagnoses from 11/06/2014 are: 1. Degenerative lumbar/lumbosacral intervertebral disk. 2. Post laminectomy syndrome, cervical region. 3. Cervicalgia. 4. Lumbago. 5. Thoracic/lumbosacral neuritis/radiculitis, unspecified. 6. Pain in the joint, shoulder region. 7. Intervertebral cervical disk D/O with myelopathy, cervical region. 8. Pulmonary valve disorders. 9. Chronic airway obstruction, NEC.

According to this report, the patient complains of chronic severe pain in multiples sites. He has a history of multiple pain generators including history of failed neck syndrome, lumbar degenerative disk disease with chronic lumbar pain and lumbar radiculopathy. The patient also has a history of right rotator cuff injury. He ambulates with a four-wheeled walker. The patient reports increased low back and neck pain with numbness in the bilateral hands and bilateral lower extremity. The patient reports an average pain without medication 10/10 and with medication 3/10. The treater states that the medications prescribed are "keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associated with these." Examination shows the patient is well-nourished, well-hydrated in no acute distress. Deep tendon reflexes in the lower extremities are decreased but equal. There is tenderness to palpation in the cervical paraspinals. Straight leg raise is positive bilaterally. There is tenderness to palpation in the lumbar/sacral region. The patient's gait is antalgic with weakness. Sensory exam shows decreased right upper extremity, decreased right lower extremity, and decreased left lower extremity. Deep tendon reflexes in the lower

extremities are decreased but equal. Treatment reports from 03/27/2014 to 01/06/2015 were made available for review. The utilization review denied the request on 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150 mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse. University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI); 2012 May. 12 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with chronic severe pain in multiple pain sites. The treater is requesting Ranitidine 150 mg #90. The MTUS Guidelines pages 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks state, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI [gastrointestinal] bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA [Acetylsalicylic Acid]). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI [proton pump inhibitor]." The 11/06/2014 report shows that the treater prescribed ranitidine for severe medication-induced gastritis. In this case, the MTUS Guidelines support the use of PPI for patients with documented gastrointestinal issues. The request is medically necessary.

Norco 10/325 mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; On-going management Page(s): 88-89; 78.

Decision rationale: This patient presents with chronic severe pain in multiple pain sites. The treater is requesting Norco 10/325 mg #180. For chronic opiate use, the MTUS guidelines pages 88 and 89 on criteria for use of opioids state, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS subsection On-Going Management page 78 also requires documentation of the 4A's including analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was

prescribed Norco on 03/27/2014. The treater's notes on 11/06/2014 indicate that the patient's pain scale without medication is 10/10 and 3/10 with medications. He also notes that the medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects were reported. The 03/27/2014 urine drug screen showed consistent results with prescribed medications. In this case, the treater has noted sufficient documentation for the continued use of Norco. The request is medically necessary.

Methadone HCL 10 mg #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; On-going management Page(s): 88-89; 78.

Decision rationale: This patient presents with chronic severe pain in multiple pain sites. The treater is requesting Methadone HCL 10 mg #240. For chronic opiate use, the MTUS guidelines pages 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS subsection On-Going Management page 78 also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed methadone HCL on 03/27/2014. The 10/08/2014 report shows that the patient's pain level without medication is 10/10 and with medication is 3/10. The treater notes that the medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance in ADLs and home exercises. No side effects were noted. The patient's urine drug screen from 03/27/2014 was consistent. The treater also notes that a CURES report is current and concordant as of 10/08/2014. In this case, the treater has noted adequate documentation for the continued use of methadone. The request is medically necessary.