

Case Number:	CM15-0144619		
Date Assigned:	08/05/2015	Date of Injury:	10/20/1997
Decision Date:	09/02/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

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 66 year old male, who sustained an industrial injury on 10-20-1997. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar post-laminectomy syndrome, acquired spondylolisthesis, and sciatica. Treatment to date has included diagnostics, lumbar fusion surgery, spinal cord stimulator, home exercise program, and medications. Currently, the injured worker complains of low back pain, primarily axial. He stated that he was having back and leg spasms for about a day, but this improved and he denied spasm currently. He restarted his exercises and was walking and he thought this was improving his pain. Pain was rated 5-6 out of 10 with medication, noting Methadone, and 9-10 out of 10 without. Current medications included Methadone (10mg-2 tablets every 8 hours), Senokot, Pantoprazole, and Motrin (as needed). He stated that this helped him better tolerate and exercise program. He was not interested in any injections or surgery at the present time and wished to continue with medication management. A review of gastrointestinal symptoms was negative. His urine toxicology report from his previous visit was reviewed and was documented as consistent. The treatment plan included the continued use of Methadone and Pantoprazole. His work status was permanent and stationary. A previous progress report (3-10-2015) noted the use of Pantoprazole (2 tablets daily) for heartburn symptoms. He was also trying to manage his heartburn with diet, but this was not enough to control the heartburn and gastrointestinal side effects. His medication regimen was unchanged at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prontonix 20mg #120 (these are 2 for month supply 6/30/15 to 8/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant had heartburn due to Methadone use. As noted below, the Methadone is not medically necessary. Therefore, the continued use of Protonix is not medically necessary.

Methadone 10mg #180 (these are for 2 month supply 6/30/15 to 8/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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 is no indication of need for detoxification or narcotic addiction. In addition, the claimant was getting heartburn with the use of Methadone requiring Protonix. There was no mention of failure of Tylenol, Tricyclics, or other opioids. As a result, continued and long-term use of Methadone for the dates in question above is not medically necessary.