

Case Number:	CM15-0180783		
Date Assigned:	09/22/2015	Date of Injury:	06/25/2003
Decision Date:	11/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female who sustained an industrial injury on 6-25-2003. A review of medical records indicates the injured worker is being treated for long-term use of meds, lumbago, degeneration lumbar lumbosacral disc, and pain in joint pelvis and thigh. A review of medical records dated 8-31-2015 noted back pain that radiates down her legs bilaterally. Pain with medications was rated a 5-6 out of 10 and a 9-10 out of 10 without medications. Medical records dated 7-2-2015 rated pain a 4 out 10 with medications and an 8 out of 10 without medications. Her function was noted as improved with medication. Physical examination dated 8-31-2015 noted spasm and guarding to the lumbar spine. Sensation was decreased in dermatomes left L3, L4, L5, and S1. Straight leg raise was positive on the left and right. The right hip was tender with motion with decreased range of motion with internal rotation and external rotation of the right hip. Treatment has included medications (Methadone and Protonix since at least 4-1-2015). Utilization review form dated 9-1-2015 noncertified #180 tablets of Methadone HCL 5mg, remaining #210 tablets of Methadone 5mg, and Pantoprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCI 5mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 07/02/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities. The request is for Methadone HCL 5mg #180. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes lumbago, pain in joint pelvis thigh, therapeutic drug monitor, long term use of meds NEC, inconsistent urine screening, pain psychogenic NEC, depression with anxiety, chronic pain NEC, unspecified major depression recurrent episode, and degeneration lumbar lumbosacral disease. Physical examination on 08/31/15 revealed spasm and guarding to the lumbar spine. Sensation was decreased in dermatomes left L3, L4, L5, and S1. Straight leg raise was positive bilaterally. The right hip was tender with motion with decreased range of motion with internal rotation and external rotation of the right hip. Treatment to date has included home exercise program and medications. Patient's medications include Norco, Methadone, Pantoprazole, Amlodipine, Lisinopril and Synthroid. The patient is permanent and stationary, per 07/02/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." RFA's dated 05/07/15, 06/06/15, 07/08/15 and 08/25/15 were provided. It is not known when this medication was initiated. Per 07/02/15 report, the patient's pain is rated 4/10 with and 8/10 without medications. Treater states "The patient does report having analgesia with her opioid medications. She has not demonstrated any aberrant behavior...She denies any adverse effect from the medication. She does have improvement her activities of daily living with the medication. The patient did provide a urine sample for screening purposes today. There is an updated signed opioid contract in her chart." UDS's dated 03/04/15 and 07/02/15 were provided. Per 08/03/15 report, treater states "Please note that although the total opioid load (including 8 tablets of methadone and 3 tablets of Norco/day) is 150 MED, we would like to note that the MTUS guidelines allow for opioid use above the max dose if there has been a consult with a pain specialist. This patient's medications are prescribed by a pain specialist..." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

Methadone 5mg #210: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 07/02/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities. The request is for Methadone 5mg #210. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes lumbago, pain in joint pelvis thigh, therapeutic drug monitor, long term use of meds NEC, inconsistent urine screening, pain psychogenic NEC, depression with anxiety, chronic pain NEC, unspecified major depression recurrent episode, and degeneration lumbar lumbosacral disease. Physical examination on 08/31/15 revealed spasm and guarding to the lumbar spine. Sensation was decreased in dermatomes left L3, L4, L5, and S1. Straight leg raise was positive bilaterally. The right hip was tender with motion with decreased range of motion with internal rotation and external rotation of the right hip. Treatment to date has included home exercise program and medications. Patient's medications include Norco, Methadone, Pantoprazole, Amlodipine, Lisinopril and Synthroid. The patient is permanent and stationary, per 07/02/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." RFA's dated 05/07/15, 06/06/15, 07/08/15 and 08/25/15 were provided. It is not known when this medication was initiated. Per 07/02/15 report, the patient's pain is rated 4/10 with and 8/10 without medications. Treater states "The patient does report having analgesia with her opioid medications. She has not demonstrated any aberrant behavior...She denies any adverse effect from the medication. She does have improvement her activities of daily living with the medication. The patient did provide a urine sample for screening purposes today. There is an updated signed opioid contract

in her chart." UDS's dated 03/04/15 and 07/02/15 were provided. Per 08/03/15 report, treater states "Please note that although the total opioid load (including 8 tablets of methadone and 3 tablets of Norco/day) is 150 MED, we would like to note that the MTUS guidelines allow for opioid use above the max dose if there has been a consult with a pain specialist. This patient's medications are prescribed by a pain specialist..." In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 07/02/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the lower extremities. The request is for Pantoprazole 20mg #60. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes lumbago, pain in joint pelvis thigh, therapeutic drug monitor, long term use of meds NEC, inconsistent urine screening, pain psychogenic NEC, depression with anxiety, chronic pain NEC, unspecified major depression recurrent episode, and degeneration lumbar lumbosacral disease. Physical examination on 08/31/15 revealed spasm and guarding to the lumbar spine. Sensation was decreased in dermatomes left L3, L4, L5, and S1. Straight leg raise was positive bilaterally. The right hip was tender with motion with decreased range of motion with internal rotation and external rotation of the right hip. Treatment to date has included home exercise program and medications. Patient's medications include Norco, Methadone, Pantoprazole, Amlodipine, Lisinopril and Synthroid. The patient is permanent and stationary, per 07/02/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." MTUS pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI.. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." RFA's dated 05/07/15, 06/06/15, 07/08/15 and 08/25/15 were provided. It is not known when this medication was initiated. Per 04/01/15 report, treater states "Protonix...for stomach issues [the patient] has had a peptic ulcer years ago however she has not had any recent problems with her peptic ulcer." Treater states in 08/03/15 report "Please note that the patient had utilized NSAIDs such as Meloxicam in the past and had a history of some gastric effects with the use of these medications. Currently, she is using Norco and Methadone for her pain. Opioids can cause GI

upset. [The patient] has also used many other oral medications like Soma, Gabapentin, Sumatriptan, Zanaflex, Prozac, Ativan, trazodone etc. in the past. The concurrent use of Protonix along with oral medications prevents the GI side-effects... the patient has tried Omeprazole (Prilosec) in the past; however, she didn't find it to be beneficial with her GI symptoms. Currently, she is able to manage her GI disturbances with the use of Protonix..." MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, treater has provided risk assessment and documented medication efficacy. This request to continue PPI appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.