

Case Number:	CM15-0206393		
Date Assigned:	10/23/2015	Date of Injury:	05/19/2005
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old male with a date of injury on 5-19-05. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 9-16-15 reports continued complaints of neck, right upper extremity, low back and leg pain. Intrathecal pump will be fill at this visit. The neck pain worsens with repetitive use, lifting, pulling about shoulder level causing severe neck pain. Lower back pain worsens with movement and is made better with ice, heat, stretching and medications. Objective findings: lumbar spine spasm, guarding and tenderness, cervical spine tenderness, decreased range of motion to flexion 25 percent and decreased extension to about 12 percent and he has pain with rotation to the right and left. MRI of cervical spine 2-25-15 revealed mild to moderate broad based disc protrusion. MRI of the lumbar spine 2-25-15 revealed broad base protrusion, mild broad base disc protrusion with indications of L5 anterolisthesis. Treatments include: medications, physical therapy, chiropractic, injections and intrathecal pump. According to the medical records the injured worker has been taking Pantoprazole and Methadone at least since 1-21-15. Request for authorization was made for Pantoprazole 20 mg quantity 60 with 3 refills and Methadone HCL 5 mg quantity 60. Utilization review dated 10-8-15 modified the request to certify Pantoprazole 20 mg quantity 60 and One (1) prescription of Methadone HCL 5 mg quantity 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Pantoprazole 20mg #60 with 3 refills: Upheld

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

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

Decision rationale: The requested One (1) prescription of Pantoprazole 20mg #60 with 3 refills, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck, right upper extremity, low back and leg pain. Intrathecal pump will be fill at this visit. The neck pain worsens with repetitive use, lifting, pulling about shoulder level causing severe neck pain. Lower back pain worsens with movement and is made better with ice, heat, stretching and medications. Objective findings: lumbar spine spasm, guarding and tenderness, cervical spine tenderness, decreased range of motion to flexion 25 percent and decreased extension to about 12 percent and he has pain with rotation to the right and left. MRI of cervical spine 2-25-15 revealed mild to moderate broad based disc protrusion. MRI of the lumbar spine 2-25-15 revealed broad base protrusion, mild broad base disc protrusion with indications of L5 anterolisthesis. Treatments include: medications, physical therapy, chiropractic, injections and intrathecal pump. According to the medical records the injured worker has been taking Pantoprazole and Methadone at least since 1-21-15. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met one (1) prescription of Pantoprazole 20mg #60 with 3 refills is not medically necessary.

One (1) prescription of Methadone HCL 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Methadone.

Decision rationale: The requested One (1) prescription of Methadone HCL 5mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, pages 61 and 62, note that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The injured worker has neck, right upper extremity, low back and leg pain. Intrathecal pump will be fill at this visit. The neck pain worsens with repetitive use, lifting, pulling about shoulder level causing severe neck pain. Lower back pain worsens with movement and is made better with ice, heat, stretching and medications. Objective findings: lumbar spine spasm, guarding and tenderness, cervical spine tenderness, decreased range of motion to flexion 25 percent and decreased extension to about 12 percent and he has pain with rotation to the right and left. MRI of cervical spine 2-25-15 revealed mild to moderate broad

based disc protrusion. MRI of the lumbar spine 2-25-15 revealed broad base protrusion, mild broad base disc protrusion with indications of L5 anterolisthesis. Treatments include: medications, physical therapy, chiropractic, injections and intrathecal pump. According to the medical records the injured worker has been taking Pantoprazole and Methadone at least since 1-21-15. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The request for One (1) prescription of Methadone HCL 5mg #60 is not medically necessary.