

Case Number:	CM15-0210416		
Date Assigned:	10/29/2015	Date of Injury:	06/25/2003
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female, who sustained an industrial injury on 6-25-2003. The injured worker was diagnosed as having lumbago, degeneration of lumbar or lumbosacral intervertebral disc, pain in joint, pelvis-thigh, and depression with anxiety. Treatment to date has included diagnostics, acupuncture, physical therapy, epidural injection, and medications. On 9-28-2015, the injured worker complains of "persistent severe back pain" and "intermittent left leg pain" along the anterior shin. She was using Methadone 5mg tablets (3 in the am, 2 at noon, and 3 at night), Norco (1 tablet three times daily), and Protonix (for gastrointestinal side effects of medications). Pain was rated 5 out of 10 with medication use and 8-10 without. She was able to do activities of daily living "better" with medication use. The use of Methadone, Hydrocodone, and Protonix was consistent since at least 4-2015. Side effects of medication included gastritis and stomachache, relieved with Protonix. She was not interested in surgery or injections. A review of symptoms was negative for gastrointestinal complaints. Exam of the lumbar spine noted decreased sensation in the left L3-S1 dermatomes, positive straight leg raise bilaterally, spasm and guarding in the lumbar spine, and motor strength 5 of 5. The right hip was tender with motion and had capsular tightness, along with decreased range of motion. Urine toxicology (7-02-2015) was positive for benzodiazepine, methadone metabolite, and tricyclics. Work status was permanent and stationary. Medication refills were requested. An appeal letter (10-08-2015) noted that she had tried Soma, Gabapentin, Sumatriptan, Meloxicam, Fentanyl patches, Capsaicin cream, and Lidoderm cream, but continued to have pain. Omeprazole was utilized in the past but was not beneficial. The treating physician noted that urine toxicology (7-02-2015)

was negative for Hydrocodone, consistent with use as needed, and CURES reports were consistent. She was currently "stable" on current regimen and weaning was not recommended. On 10-20-2015 Utilization Review non-certified a request for Pantoprazole 20mg #60 (DOS 9-28-2015) and Methadone HCL 5mg #240 (DOS 9-28-2015), and modified a request for Hydrocodone 10-325mg #90 to Hydrocodone 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #90 (Retrospective dos: 09/28/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The claimant has a remote history of a work injury in June 2003 when she fell and is being treated for chronic low back pain with radiating symptoms to the left buttock and hip. Medications are referenced as decreasing pain from 8-9/10 to 5/10 with improved activities of daily living. When seen, there was decreased lower extremity sensation and positive straight leg raising. There was lumbar guarding with spasms. Medications prescribed included hydrocodone / acetaminophen, methadone, and Protonix. The total MED (morphine equivalent dose) was 350 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly three times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of hydrocodone / acetaminophen at this dose is not medically necessary.

Pantoprazole 20mg #60 (Retrospective dos: 09/28/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, PPIs.

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

Decision rationale: The claimant has a remote history of a work injury in June 2003 when she fell and is being treated for chronic low back pain with radiating symptoms to the left buttock and hip. Medications are referenced as decreasing pain from 8-9/10 to 5/10 with improved activities of daily living. When seen, there was decreased lower extremity sensation and positive straight leg raising. There was lumbar guarding with spasms. Medications prescribed included

hydrocodone / acetaminophen, methadone, and Protonix. The total MED (morphine equivalent dose) was 350 mg per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Protonix (pantoprazole) is not medically necessary.

Methadone HCL 5mg #240 (Retrospective dos: 09/28/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The claimant has a remote history of a work injury in June 2003 when she fell and is being treated for chronic low back pain with radiating symptoms to the left buttock and hip. Medications are referenced as decreasing pain from 8-9/10 to 5/10 with improved activities of daily living. When seen, there was decreased lower extremity sensation and positive straight leg raising. There was lumbar guarding with spasms. Medications prescribed included hydrocodone / acetaminophen, methadone, and Protonix. The total MED (morphine equivalent dose) was 350 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly three times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing of methadone at this dose is not medically necessary.