

Case Number:	CM15-0038869		
Date Assigned:	03/09/2015	Date of Injury:	03/29/2002
Decision Date:	04/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This 38 year old male who sustained an industrial injury on 3/29/02. He subsequently reports ongoing low back pain with radiation to the lower extremities. The injured worker has undergone multiple back surgeries, and diagnoses include multilevel lumbago with bilateral radiculopathy, failed back surgery syndrome, and intractable neuropathic pain. The injured worker also has complaints of anxiety, depression and sleep issues. Treatments currently consist of prescription medications, with a baseline pain level of 5-6/10, and he is enrolled in a drug rehab treatment program over recent months. On 2/12/15, Utilization Review non-certified a request for 1 prescription of oxymorphone, 1 prescription of omeprazole 20 mg #60, 1 prescription of Norco 10/325 mg #120, and partially-certified a request for 1 prescription of methadone 10 mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxymorphone: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids for chronic pain; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 86-87, 93.

Decision rationale: The cited MTUS guidelines recommend opioids, such as oxymorphone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications to include Lyrica. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been every one to two months, and in addition, the IW is enrolled in a drug rehab treatment program. The treating physician's notes indicate the IW has used methadone for baseline pain, and Norco for breakthrough pain, along with first-line medications. In the case of the total morphine equivalent dose exceeding 120 mg, the IW must be followed by pain management, which he currently is. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, oxymorphone is medically necessary and appropriate for ongoing pain management.

1 prescription of Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as omeprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician notes, the injured worker does not appear to be taking NSAIDs, nor does he meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for omeprazole 20 mg #60 is not medically necessary.

1 prescription of Methadone 10mg, #270: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, dosing, Opioid Dosing Calculator; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Opioids Page(s): 61-62, 78-81, 86-87, 93.

Decision rationale: The cited MTUS guidelines recommend methadone as a second-line drug for moderate to severe pain when the risks are outweighed by potential benefits. The MTUS also

states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications to include Lyrica. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been every one to two months, and in addition, the IW is enrolled in a drug rehab treatment program. The treating physician's notes indicate the IW has used methadone for baseline pain, and Norco for breakthrough pain, along with first-line medications. In the case of the total morphine equivalent dose exceeding 120 mg, the IW must be followed by pain management, which he currently is. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, methadone 10 mg #270 is medically necessary and appropriate for ongoing pain management.

1 prescription of Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, dosing, Opioid Dosing Calculator; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81, 86-87.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW) recent records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications to include Lyrica. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has been every one to two months, and in addition, the IW is enrolled in a drug rehab treatment program. The treating physician's notes indicate the IW has used methadone for baseline pain, and Norco for breakthrough pain, along with first-line medications. In the case of the total morphine equivalent dose exceeding 120 mg, the IW must be followed by pain management, which he currently is. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325 mg #120 is medically necessary and appropriate for ongoing pain management.