

Case Number:	CM14-0092039		
Date Assigned:	07/25/2014	Date of Injury:	07/26/2002
Decision Date:	10/20/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 47-year-old male with a 7/26/02 date of injury, and L4-5 laminectomy in October, 2004 and global fusion at L4-5 in September, 2006. At the time (5/22/14) of Decision for 1 Prescription of Methadone 10mg #450 and 1 Prescription of Pantoprazole 40mg #30 with 6 refills, there is documentation of subjective (ongoing back pain) and objective (absent knee and ankle jerks, decreased sensation on the top and outside of the right foot, and difficulty performing the heel walk) findings current diagnoses (chronic pain syndrome, status post L4-5 laminectomy and fusion, and gastritis), and treatment to date (medications (including ongoing treatment with Methadone, Hydrocodone/Acetaminophen, and Pantoprazole). Medical reports identify decrease in pain level due to Methadone use. Regarding Methadone, there is no documentation of Methadone used for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it; the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone use to date. Regarding Pantoprazole, there is no documentation of Pantoprazole being used as a second-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Methadone 10mg #450: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Opioids; Cri.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 61-62; 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, status post L4-5 laminectomy and fusion, and gastritis. In addition, there is documentation of ongoing treatment with Methadone. Furthermore, given documentation of ongoing treatment with Hydrocodone/ Acetaminophen, there is documentation of Methadone being used as a second-line drug. However, there is no documentation of Methadone used for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, despite documentation of decrease in pain level due to Methadone use, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Methadone 10mg #450 is not medically necessary.

1 Prescription of Pantoprazole 40mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Proton Pump. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other

Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, status post L4-5 laminectomy and fusion, and gastritis. In addition, there is documentation of gastritis and ongoing treatment with Pantoprazole. However, there is no documentation of Pantoprazole being used as a second-line therapy. Therefore, based on guidelines and a review of the evidence, the request for 1 Prescription of Pantoprazole 40mg #30 with 6 refills is not medically necessary.