

Case Number:	CM14-0210785		
Date Assigned:	12/23/2014	Date of Injury:	01/03/2002
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Utah, Arkansas
 Certification(s)/Specialty: 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:

The patient is a 68 year-old male. The patient's date of injury is January 3, 2002. The mechanism of injury is not noted. The patient has been diagnosed with Dysthymic disorder, chronic pain, postlaminectomy syndrome of the lumbar spine, degeneration of the lumbar spine, hypertension, overweight, anxiety and depression. The patient's treatments have included surgical intervention, physical therapy, imaging studies, and medications. The physical exam findings dated 8/26/2014 states the spine curvature is normal, there is a previous scar of previous surgery noted in the lumbar region. Trigger points are absent. The straight leg raise is normal. There is no CVA tenderness; there is sciatic notch tenderness absent bilaterally. The patient's medications have included, but are not limited to, OxyContin, Vicodin, Darvocet, Lexapro, Valium, Elavil and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg QTY: 480: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. The above is stated in the clinical documents. According to the clinical documentation provided and current MTUS guidelines; Methadone, as written above, is indicated a medical necessity to the patient at this time.

Omeprazole 20mg QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Omeprazole. According to MTUS guidelines, increased risk is defined as: (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). The patient is older than 65, and therefore meets the guidelines as stated above. The use of Omeprazole, as stated in the above request, is determined to be a medical necessity at this time.