MAXIMUS Federal Services

Case Number:	CM13-0026296		
Date Assigned:	11/22/2013	Date of Injury:	01/07/2003
Decision Date:	02/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency 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 physician 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:

Patient with date of injury of 1/7/03. Reportedly occurred while helping to lift a client. Diagnosis of Lumbar L5-S1 radiculopathy s/p laminectomy, chronic back pain s/p failed spinal cord stimulator, "CRPS-like" syndrome, history of medication dependency and depression. Primary treating physician, [redacted] (Rehab medicine) report dated 10/15/13 reports that patient's Kadian was not approved. Patient reports gluteal pain left more than right with low back pain and calve pain left more than right. Pain improved with Kadian but not by Percocet. Kadian reported in prior reports to be able to decrease the amount of Percocet's used by patient and improves sleep. Patient reports hard time getting out of bed and hard time doing household chores. Pain reports 10/10 without Kadian but 7/10 with Kadian. Report provided shows improved sleep, walking and ability to do house chores with Kadian. Objective exam has limited back flexion, extension and lateral movement. Pain is lumbosacral area and left gluteal area and ischium. Muscle spasms on calf muscles and back. Normal muscle tone. Some numbness to left heel. Hypersensitive of feet. Report states that patient had a prior issue with medication dependence and is on chronic daily opiate use that improves her pain. She is on a urine drug screening program that has been appropriate. Lyrica was recently added to patient's medication regiment. Oxycodone was added to patient's regiment due to non-certification of Kadian. MRI (2/22/13) shows L4-5 R paracentral disc extension extending inferiorly with mild canal narrowing and R lateral recess narrowing with impingement of R L5 nerve root. Mild degenerative changes. L5-S1 has mild central/right paracentral disc protrusion with mild degenerative changes. Mild lateral recess narrowing without canal sr\tenosis. Attempted epidural facet acupuncture, physical therapy, massage, chiropractic with no improvement. Had spinal cord stimulator but was removed due to mal

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Amrix 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: Amrix is an extended released version of Cyclobenzaprine, a muscle relaxant. It is recommended for short course treatment for low back pain. There are interactions between Cyclobenzaprine and Silenor. Patient is already on another muscle relaxant, Zanaflex and combining medications could lead to significant interactions. It is not medically recommended.

1 prescription of Silenor 6mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Silenor (Doxepin) is a tricyclic antidepressant and as per MTUS Antidepressants for Chronic pain section it is recommended for neuropathic pain. It is considered a first line treatment. Use of silenor is appropriate and recommended.

1 prescription of Zantac 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Zantac (Ranitidine) is an H2-blocker. Patient is currently on motrin daily and having symptoms of dyspepsia as documented by [redacted]. As per MTUS guidelines, treatment for dyspepsia secondary to NSAIDs is a H2-blocker, PPI or change of NSAID. H2-blocker is appropriate and recommended.

1 prescription of Zanaflex 4mg #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antipasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. There is light evidence for its use in low back pains and may be considered a second line agent. Patient is currently already taking Zanaflex and no other muscle relaxants. Patient takes Lunesta a short acting benzodiazepine for sleep and klonopin for anxiety. While there is risk of sedation when Zanaflex is combined with a benzodiazepine, the report of pain improvement and decreased spasms and no noted side effects supports safe use in this patient. Report from [redacted] on 10/15/13 reports that it helps with spasms and tightness. Its use is clinically appropriate and recommended.

1 prescription of Motrin 800mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug) Page(s): 67.

Decision rationale: Motrin is an NSAID (Non-steroidal anti inflammatory). Data from MTUS recommends NSAIDs for chronic back pains with caution due to side effects. Patient has been on NSAIDs chronically or back pain and is already taking acetaminophen in her Percocets. Its use is appropriate and recommended.

Neurontin 100mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17.

Decision rationale: Neurotin (gabapentin) is an anti-epileptic drug. It is recommended for neuropathic pain. It is considered a first line treatment. Report from [redacted] on 10/15/13 reports that it helps with the burning neuropathic pain by 30-40%. There is a report that patient has improved sitting with neurontin. Its use is clinically appropriate and recommended.

1 prescription of Kadian 80mg: 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 Dosing Page(s): 86.

Decision rationale: Kadian is an extended release morphine sulfate. [redacted] report on 10/15/13 documents that the patient had significant improvement of function and pain with Kadian in the past and that current pain regiment of Percocet and Oxycodone has limited control of pain and function. MTUS guidelines recommend that Morphine Equivalent Dose (MED) does not exceed 120mg per day. MED above 120mg/day may be considered on rare occasions with consultation with pain management. In combination of Oxycodone 20mg three times a day and 4-5 tablets of Percocet 10mg/325m. Using conversion charts provided in the MTUS, patient is currently on 150-165 MED which is excessive. As per provided documentation, patient was previously on Kadian which provided some improvement in pain and daily function. There is a single urine drug screen that was inappropriate in Jan 2013 but all preceding urine drug tests have been appropriate since that time. There are reports of ER visits due to poor control at that time. As part of treatment plan to wean patient off such high MED of opiates, Kadian is appropriate and recommended.

unknown prescription of Percocet: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Percocet is Oxycodone with acetaminophen. Oxycodone is an opiate. There is a single urine drug screen that was inappropriate in Jan 2013 but all preceding urine drug tests have been appropriate since that time. Documentation supports the continued ongoing management and use of Percocet with appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been taking sometimes more than prescribed Percocets per day due to poor pain control. With approval of Kadian, primary treating physician is attempting to wean patient's Percocet amount. Percocet is recommended.