

Case Number:	CM13-0026654		
Date Assigned:	11/01/2013	Date of Injury:	05/01/2002
Decision Date:	08/12/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine & Rehabilitation; 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:

The patient is a 52-year-old male who was injured on May 01, 2002 when a forklift hit him from behind while he was working. A progress report dated August 13, 2013 documented the patient with complaints of low back and leg pain with bilateral sciatica. The patient has wrist pain and rated his pain as 6/10 with medication. Objective findings on exam reveal review of systems where the patient is complaining of constipation but denied nausea and vomiting. Examination of the musculoskeletal system the patient complained of back pain, sciatica, myalgia, muscle weakness, stiffness, joint complaints and arthralgia. The patient also described insomnia and fatigue. The patient also noted anxiety and depression. The cervical spine examination revealed limited and painful flexion and extension of the cervical spine. The range of motion of the ankles was decreased in all planes. The strength and tone of the lower extremities bilaterally reveals weakness in all muscle groups. The lumbar spine examination revealed there is bilateral tenderness at paralumbar muscles. The range of motion was markedly limited for both flexion and extension. Diagnoses include reflex sympathetic dystrophy of lower limb; and lumbago, low back pain. Recommendations included DuoDerm for skin lesions; and continue the following medications: Gas-X ES, methadone, Miralax, Neurontin, Oxycontin, Oxycodone and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gas-X ES (125mg, #90 with 5 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation World Gastroenterology Organization (WGO), World Gastroenterology Organization Global Guidelines: Irritable Bowel Syndrome: a global perspective. Munich (Germany); April 20, 2009, page 20.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WebMD website (www.webmd.com) and on the Non-MTUS National Center for Biotechnology Information PubMed Database (www.ncbi.nlm.nih.gov/pubmed).

Decision rationale: California MTUS Guidelines and the Official Disability Guidelines do not discuss this medication. As per the referenced guidelines, diets that produce less gas, patient education and lifestyle modification are recommended prior to trial of medications. No complaint of gas or flatulent is noted in the medical records. There is no documentation of trial of life style modification or diet change in this injured worker. Therefore, the request is not medically necessary.

Miralax (527gm, #1 with 4 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine and The National Center for Biotechnology Information Databases: Med Line Plus and Pub Med (www.nlm.nih.gov/medlineplus; www.ncbi.nlm.nih.gov/pubmed).

Decision rationale: California MTUS Guidelines and the Official Disability Guidelines do not discuss this medication. As per the referenced guidelines, treatment of constipation is recommended if the symptoms persist despite life style modifications or diet change. In this case, the records show no trial and failure of life style modification. Therefore, the request is not medically necessary at this time.

Neurontin (300mg, #180 with 4 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no clear evidence of neuropathic pain in the medical records. There are no subjective complaints,

correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. Furthermore, there is no documentation of any significant improvement in pain or function with prior use. Therefore, the request is not medically necessary.

Methadone (10mg, #180): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Long Term Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Methadone is recommended for moderate to severe pain. Further guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, there is no documentation of subjective or objective functional improvement or reduction in pain level with the use of this medication. There is no documentation of ongoing monitoring with urine drug screening which was consistent with prescribed medication. Therefore, the request is not medically necessary.

Oxycontin (80mg, #270): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Oxycontin is a long acting and potentially addictive opioid analgesic medication. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is no documentation of any significant pain reduction or functional improvement with prior use. Furthermore, concomitant use of long acting opioids (i.e. Oxycontin and Methadone), is not recommended. Therefore, the request is not medically necessary.

Roxicodone (30mg, #360): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note that opioids, such as Oxycodone may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Therefore, the request is not medically necessary.

Xanax (0.5mg, #60 with 3 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the guidelines, Benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. In addition, the medical records do not document current subjective complaints, objective findings/observations, and an active diagnosed anxiety disorder. Regardless, a more appropriate treatment for anxiety disorder is an antidepressant. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. Therefore, the request is not medically necessary.