

Case Number:	CM13-0050752		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2003
Decision Date:	07/24/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of November 18, 2003. A utilization review determination dated October 29, 2013 recommends non-certification of oxycodone, Miralax, Senokot, and Xanax. Lyrica and Lunesta were modified to certify both requests for a one-month supply. May 28, 2013 medical report identifies low back pain radiating to the right hip with weakness, numbness of the left foot, s/p lumbar spine surgery with complication of cauda equina syndrome with persistent right foot drop and sensory deficit, neck pain, depression, sleep difficulty, headaches, urinary dysfunction with incontinence and bowel dysfunction with occasional bowel incontinence self-managed without the use of diapers or self-catheterization, right knee pain, numbness around the T12-L1 region to the left buttock/posterior thigh and saddle anesthesia, episodic diarrhea and vomiting with bloating. Pain is 3/10 with opioids, and "without which is would be 10/10." Opioids are said to help with ADLs (activities of daily living) such as sitting and standing longer, getting dressed easier, showering easier, and she has been able to return to work and do work activities. No aberrant behaviors are noted. The patient's medications last as prescribed and she doesn't need early refills. November 1, 2013 medical report identifies that the patient has weaned herself to the current dose of opioids and has achieved functional gains. The patient has not exhibited any aberrant behavior. The provider noted that he will obtain a recent urine tox screen and updated opioid contract, but none of this is essential or required for continuation of opioids in his opinion. Regarding functional gain, the patient is currently employed full-time in her same job. Regarding Miralax and Senokot, the provider noted that the patient also has cauda equina syndrome, which affects her bladder control and makes her more retentive. Regarding Lyrica, the patient does have neuropathic pain and there are no side effects. The patient does have functional gain and has continued to remain employed. Regarding Xanax, she feels anxious and overwhelmed by work responsibilities, pain, and managing all of it. It has

not been abused and she has been on it for several years. Regarding Lunesta, the provider noted that the medications including Lunesta are essential for the patient to remain functional, and she needs to get a good night's sleep each day and be no longer tired when she goes to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, 210 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 79, 120.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it is noted that the body of the utilization review report recommended a partial certification for oxycodone, while the determination was to non-certify the medication. There is documentation of significant pain relief and functional improvement from medication use. The patient is on a high dose of opioids, but she has been using opioids for some time. There are no intolerable side effects and the patient's medications last as prescribed, with no aberrant behaviors noted. The provider also noted that the patient's UDS and pain contract will be updated soon. He also notes that the patient has been weaned to the dose that works best for her without side effects. Given the patient's extensive injuries and documentation that the medication has allowed functional improvement including the ability to work full-time at her usual and customary occupation, ongoing use of opioids appears appropriate. The request for Oxycodone 30mg, 210 count, is medically necessary and appropriate.

LYRICA 75MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Lyrica, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus

tolerability of adverse effects. Within the documentation available for review, there is documentation of significant pain relief and functional improvement from medication use without intolerable side effects. It is noted that the prior utilization review recommended a partial certification from an unspecified amount of medication to a one-month supply. Therefore, while ongoing use of the medication does appear appropriate at this time, as with any medication, there should be routine reevaluation for efficacy and continued need. The request for Lyrica 75mg is medically necessary and appropriate.

Miralax powder 527 gram jar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: Regarding the request for MIRALAX POWDER 527 G JAR, California MTUS recommends the use of prophylactic treatment for patients on chronic opioid therapy. Within the documentation available for review, there is a history of chronic opioid use as well as complications of prior spine surgery and cauda equina syndrome that are apparently reasonably well controlled with the use of Miralax and Senokot. The request for Miralax powder 527 gram jar is medically necessary and appropriate.

SENAKOT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

Decision rationale: Regarding the request for Senokot, California MTUS recommends the use of prophylactic treatment for patients on chronic opioid therapy. Within the documentation available for review, there is a history of chronic opioid use as well as complications of prior spine surgery and cauda equina syndrome that are apparently reasonably well controlled with the use of Miralax and Senokot. The request for Senokot is medically necessary and appropriate.

Xanax 0.5mg, 120 count: Upheld

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

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

Decision rationale: Regarding the request for Xanax, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, the patient is noted to have anxiety and has used the medication for several years. There is no clear documentation identifying efficacy in the management of the anxiety and why this would be the appropriate treatment for long-term use despite the recommendations of the Chronic Pain Medical Treatment Guidelines as noted above. The request for Xanax 0.5mg, 120 count, is not medically necessary or appropriate.

LUNESTA 3MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress and Pain Chapters, Eszopicolone (Lunesta).

Decision rationale: Regarding the request for Lunesta, California MTUS does not address the issue. ODG notes that it is recommended for short-term use, but not for long-term use. More specifically, they recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase, as they can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Within the documentation available for review, there is no clearly demonstrated efficacy of the medication despite long-term use and no clear rationale for ongoing use given the recommendations of ODG. The request for Lunesta 3mg is not medically necessary or appropriate.