

Case Number:	CM13-0056651		
Date Assigned:	04/16/2014	Date of Injury:	02/22/1996
Decision Date:	08/04/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 58-year-old female who has submitted a claim for Failed Back Surgery Syndrome, Lumbar; Osteoarthritis of the bilateral hips and bilateral shoulders; Depression; Insomnia; Vitamin D deficiency; and Complex regional pain in all extremities, associated with an industrial injury date of February 22, 1996. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain radiating down the bilateral upper extremities. She also complained of low back pain radiating down the bilateral lower extremities. She had upper extremity pain bilaterally in the shoulders. Pain was rated 5-6/10 with medications and 9-10/10 without medications. On physical examination, there was tenderness of the paravertebral area at L4-S1 levels, and bilaterally in the buttocks. Examination of all extremities revealed complex regional pain syndrome with tenderness and allodynia noted bilaterally. Treatment to date has included spinal cord stimulator, and medications including Keppra 500 mg, Oxycodone HCl 5 mg, and OxyContin 40 mg, all taken since April 2013. Utilization review from October 22, 2013 modified the request for Keppra 500 mg #60 to Keppra 500 mg #45 because pain relief was achieved with this medication; Oxycodone HCL #300 to Oxycodone HCL 5 mg #275 for weaning purposes; and OxyContin 40 mg #90 to OxyContin 40 mg #75 for weaning purposes as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

KEPPRA 500 MG, TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUG (AED) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Levetiracetam (Keppra, No Generic), Zonisamide (Zonegran, No Generic), and Tiagabine (Gabitril, No Generic) Page(s): 22.

Decision rationale: Levetiracetam (Keppra) is among the antiepileptic drugs most recently approved for neuropathic pain. While these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience. In the interim, these agents should be used to treat neuropathic pain only when Carbamazepine, Gabapentin, or Lamotrigine cannot be used. In addition, underlying depression and anxiety symptoms may be exacerbated by Levetiracetam. In this case, Keppra was being prescribed since April 2013, however, the medical records do not clearly reflect continued functional benefit with this medication. Furthermore, there was no discussion regarding contraindications to therapy with carbamazepine, Gabapentin, or Lamotrigine. Moreover, the records showed that the patient had depression, which may be exacerbated by Keppra. Therefore, the request is not medically necessary.

OXYCODONE HCL, 1 TO 2 TABLETS EVERY 4 HOURS, #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: Ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Oxycodone was being prescribed since April 2013, however, there was no discussion regarding continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. There is no clear indication for continued opioid use. Therefore, the request is not medically necessary.

OXYCONTIN 40 MG, THREE TIMES A DAY, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: Ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, OxyContin was being prescribed

since April 2013, however, there was no discussion regarding continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. There was also no discussion regarding non-opiate means of pain control or endpoints of treatment. There is no clear indication for continued opioid use. Therefore, the request is not medically necessary.