

<b>Case Number:</b>	CM13-0058444		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/10/1992
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Interventional Spine 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 51 year-old male with a 10/10/1992 industrial injury claim. He has been diagnosed with L4/5 fusion with ongoing left radicular symptoms; burning pain in left leg fairly stable with Neurontin; neurogenic bladder with intermittent episodes of urinary incontinence; history of prior laminectomy L5/S1 and foraminotomy without improvement; history of SCS placement, with poor functioning due to need for replacement battery; and nonindustrial problems including GERD, gastroparesis; and anxiety. According to the 10/1/13 report, from [REDACTED], the patient takes OxyContin 60mg bid as long acting analgesic and oxycodone immediate release q4-6 hours prn for breakthrough pain, He takes Valium 10mg bid for back spasms and Zanaflex 2mg 1-2 at night for leg cramps. He reports 8/10 pain and 50% functional improvement with medications versus not taking them at all.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCONTIN 60MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88, 89.

**Decision rationale:** The patient presents with chronic pain, with lumbar post laminectomy syndrome and poor functioning spinal cord stimulator due to need for replacement battery. ■■■ has been providing pain management. He notes the patient's pain level at 8/10, and 50% improvement in function with use of pain medications. The California Medical Treatment Utilization Schedule (MTUS) criteria for long-term use of opioids states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient is showing a satisfactory response with the OxyContin/oxycodone. MTUS does not require weaning or discontinuing pain medications that are providing a satisfactory response.

**OXYCODONE IMMEDIATE RELEASE 30MG #150:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LONG-TERM OPIOID USE Page(s): 88, 89.

**Decision rationale:** The patient presents with chronic pain, with lumbar post laminectomy syndrome and poor functioning spinal cord stimulator due to need for replacement battery. ■■■ has been providing pain management. He notes the patient's pain level at 8/10, and 50% improvement in function with use of pain medications. He was using OxyContin for extended pain relief, and immediate release oxycodone for breakthrough. The California Medical Treatment Utilization Schedule (MTUS) criteria for long-term use of opioids states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient is showing a satisfactory response with the OxyContin/oxycodone. MTUS does not require weaning or discontinuing pain medications that are providing a satisfactory response.

**VALIUM 10MG #60:** Upheld

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

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

**Decision rationale:** The patient presents with chronic pain, with lumbar post laminectomy syndrome and poor functioning spinal cord stimulator due to need for replacement battery. I have been asked to review for Valium. Valium is a benzodiazepine, and the records show he has been using this on the 8/6/13 report. The California Medical Treatment Utilization Schedule (MTUS) states benzodiazepines are not recommended for long term and most guidelines limit use to 4-weeks. The prolonged use of Valium, over 8-weeks is not in accordance with MTUS recommendations.

**ZANAFLEX 2MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 66.

**Decision rationale:** The patient presents with chronic pain, with lumbar post laminectomy syndrome and poor functioning spinal cord stimulator due to need for replacement battery. I have been asked to review for Zanaflex. [REDACTED] has been providing pain management. He notes the patient's pain level at 8/10, and 50% improvement in function with use of medications. He states the Zanaflex was used at night to control leg cramps. It appears that Zanaflex was first used on 5/14/13. California Medical Treatment Utilization Schedule (MTUS) guidelines states Zanaflex is used for spasticity, and has unlabeled indications for low back pain and myofascial pain. The use of Zanaflex appears to be in accordance with MTUS guidelines.