

Case Number:	CM13-0059821		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2007
Decision Date:	03/21/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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:

The claimant is a 40-year-old female presenting with low back pain following a work-related injury on November 7, 2007. The claimant underwent permanent spinal cord stimulator implant on April 9, 2013 but developed a postoperative infection and had removed on April 20, 2013. The claimant did report that the stimulator had been working very well for her pain. The claimant did report that she noticed some improvement in function where she can do more advanced during the day with the Fentanyl. The claimant was port low back pain with radiation to the lateral left leg. Overall the claimant reports that the medications are helpful. The claimant's medications include Fentanyl, Gralise, Colace, Miralax, Lidoderm patches, Percocet, and Robaxin. The claimant was diagnosed with chronic low back pain, lumbar radiculopathy, history of bilateral avascular necrosis of the hips, depression and anxiety related to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription Percocet 10/325mg #120: Upheld

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

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

Decision rationale: Percocet 10/325mg is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Percocet is not medically necessary.

Robaxin 750mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Robaxin is not medically necessary. Robaxin is Methocarbamol. Per CA MTUS the mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. Side Effects: Drowsiness, dizziness and lightheadedness. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. (See, 2008). Robaxin is not recommended for long-term use particularly because the mechanism of action is unknown. Additionally, muscle relaxants with the most limited published evidence in terms of clinical effectiveness include methocarbamol, dantrolene, baclofen and chlorzoxazone; therefore, the requested medication is not medically necessary.

Miralax (unknown quantity): Upheld

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 Page(s): 77.

Decision rationale: Miralax is not medically necessary. Per Ca MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation should be initiated. However, given that the opioids, Duragesic and Vicodin are not medically necessary due to lack of improved function, the Miralax is not medically necessary.

Fentanyl 25mcg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: Fentanyl 25mcg is not medically necessary. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore Fentanyl is not medically necessary.