

Case Number:	CM13-0063903		
Date Assigned:	05/07/2014	Date of Injury:	11/18/2003
Decision Date:	07/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, 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:

The patient is a 42 year-old female who has filed a claim for low back pain associated with an industrial injury date of November 18, 2003. Review of progress notes complaints of low back pain radiating to the right hip with weakness, intermittent neck pain, and intermittent numbness of the left foot, saddle anesthesia, depression, headaches, sleep difficulty, urinary dysfunction, and bowel dysfunction. Findings include spasms of the lumbar and cervical regions, positive straight leg raise test on the right, positive Spurling's sign to the right, tenderness over the posterior right knee, decreased motor strength of the right lower extremity, and moderate to severe loss of sensation over the L5-S1 dermatomes on the right. On the left, there is mildly diminished sensation of the S1 dermatome. Patient's gait is slightly antalgic with mild steppage. MRI of the lumbar spine from August 2012 showed post-operative changes, probably post-op granulation tissue at L4-5 on the right, clumping of the cauda equine nerve roots at L4-5 on the right, and multi-level mild facet arthropathy. Treatment to date has included opioids, Lyrica, physical therapy, epidural steroid injections, TENS, and lumbar surgeries with complication of cauda equine syndrome predominantly affecting L5 and S1. Utilization review from November 21, 2013 denied the request for Oxycodone 30mg #210, Xanax 0.5mg #120, Lyrica 75mg, Miralax powder 527g jar, Senakot, and Lunesta 3mg. Reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30 MG QTY 210: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since March 2012. It is noted that opioids bring down the pain level to 3 from 10/10, and help with performing activities of daily living. Patient has been able to decrease the amount of intake to 210mg a day, and to return to work. Continuation of this medication is reasonable as there is documentation of continued analgesia, functional benefits, ability to return to work, and no aberrant drug use behavior. Therefore, the request for Oxycodone 30mg #210 was medically necessary.

XANAX 0.5 MG QTY 120: 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: As noted on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since March 2012 for anxiety. However, recent progress notes do not describe patient's anxiety symptoms. Also, this medication is not recommended for long-term use. Therefore, the request for Xanax 0.5mg #120 was not medically necessary.

LYRICA 75 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: According to pages 16-18 of CA MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin is recommended for neuropathic pain. It is a first-line drug for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. This medication is a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an

anti-anxiety effect. Patient has been on this medication since at least March 2012. Patient did not receive benefit from Neurontin. Although the patient presents with neuropathic pain and this medication has been helpful in the past, the requested quantity is not specified. Therefore, the request for Lyrica 75mg was not medically necessary.

MIRILAX POWDER 527G JAR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, clinical practice guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (MiraLAX).

Decision rationale: As stated in page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to FDA, MiraLAX is used to relieve occasional constipation. Patient has been on this medication since March 2012. Patient has trouble with bladder and bowel control due to cauda equine syndrome. Patient uses this medication for episodes of constipation, and not on a daily basis. This medication is a reasonable option to manage patient's episodes of constipation. Therefore, the request for Miralax powder 527g jar was not medically necessary.

SENAKOT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Veterans Health Administration, Department of Defense, clinical practice guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon or rectal and bowel examinations; and for prevention of dry, hard stools. Patient has been on this medication since March 2012. Patient takes this in addition to Miralax every other day or every third day. However, the requested quantity and dosage is not specified. Therefore, the request for Senakot was not medically necessary at this time. .

LUNESTA 3 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. Patient has been on this medication since October 2013. There is no description about patient's sleep difficulties or of the benefits derived from this medication. Also, the requested quantity is not specified. Therefore, the request for Lunesta 3mg was not medically necessary.