

Case Number:	CM14-0018433		
Date Assigned:	04/18/2014	Date of Injury:	12/14/2000
Decision Date:	08/07/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 Occupational Medicine 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 57-year-old female who has submitted a claim for lumbosacral disc degeneration associated with an industrial injury date of December 14, 2000. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to the bilateral lower extremities, rated 6/10 with medications and 9/10 without medications. Physical examination showed decreased sensation at the left lower extremity circumferentially with prickling sensation to the plantar left foot upon touching of left leg. The diagnoses were thoracic/lumbar intervertebral disc degeneration and lumbosacral disc degeneration. Medications include Miralax 17 gm/dose oral powder OD, levetiracetam 500mg BID, Oxycontin 40mg tab ER BID, Oxycontin 60mg tab ER OD, and Oxycontin 40mg tab ER TID. Treatment to date has included oral analgesics and physical therapy. Utilization review from January 29, 2014 denied the request for Miralax 17gm/dose oral powder #510gm with 3 refills due to prolonged use without clinical findings demonstrating symptoms that warrant continued use of osmotic laxative. The request for Oxycontin 40mg #56 with 1 refill was modified to Oxycontin 40mg #21 with zero refills because patient's MED exceeds the guideline recommendation. Furthermore, there is lack of quantitative evidence of resultant benefit in function. The request for levetiracetam 500mg #60 with 3 refills was modified to levetiracetam 500mg #30 because there was no evidence suggesting trial and subsequent failure of carbamazepine, gabapentin or lamotrigine. Also, there is no evidence of therapeutic benefit from levetiracetam for neuropathic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycontin 40mg #56 With 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management; Opioids, dosing Page(s): 78-81; 86-87.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. Pages 86-87 recommend opioid dosing not to exceed 120 mg oral morphine equivalents per day. In this case, Oxycontin intake was noted as far back as May 2013. However, there was no objective evidence of continued analgesia and functional gains directly attributed to its use. Moreover, daily oxycodone dosing reaches 390 MED which greatly exceeds the guideline recommendation. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 Prescription of Oxycontin 40mg #56 With 1 Refill is not medically necessary.

Prescription of Miralax 17gm/Dose Oral Powder #510gm With 3 Refills: Overturned

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, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation FDA (MiraLAX).

Decision rationale: As stated on page 77 of the California 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. In this case, utilization review dated January 29, 2014 certified the other requests for Oxycontin refill. Continued use of this medication is indicated while the patient is still on opioid therapy. The medical necessity has been established. Therefore, the request for 1 Prescription of Miralax 17gm/Dose Oral Powder #510gm With 3 Refills is medically necessary.

Prescription of Levetiracetam 500mg #60 With 3 Refills: Upheld

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

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: According to page 22 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 this case, levetiracetam intake was noted as far back as May 2013. However, there was no objective evidence of overall pain improvement and functional gains directly attributed to its use. Moreover, there was no evidence of trial and failure or intolerance to carbamazepine, gabapentin, or lamotrigine. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, the request for 1 prescription of levetiracetam 500mg #60 with 3 refills is not medically necessary.