

Case Number:	CM14-0019696		
Date Assigned:	04/28/2014	Date of Injury:	07/06/1983
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and 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 injured worker is a 57 year old male who reported an injury on 07/06/1983. The mechanism of injury was not provided. Per the 01/28/2014 clinical note, the injured worker reported low back pain with right leg radiculopathy. The injured worker stated his average pain level was 6/10 since the previous visit with his functional level rated at 5-7/10. Physical exam findings included lumbar paraspinal muscle tenderness. The injured worker had diagnoses including chronic severe low back pain, failing L3-4 level, severe myofascial pain/spasm, neuropathic pain of the bilateral lower extremities, depression/anxiety, hypertension, gastritis and GERD, poor sleep hygiene, general deconditioning, tobacco dependency, and chronic nausea secondary to pain/analgesics. The injured worker's medication regimen included Compazine 10mg, Cymbalta 60mg, Fentanyl 75mcg/hr patch, Fentora 400mcg, Linzess 290mcg, Methadone 10mg, Oxycodone 15mg, Restoril 30mg, Tizanidine 4mg, and Valium 5mg. A CT of the lumbar spine performed on 10/01/2013 showed fusion of the lumbar spine with pedicle screws and metallic plate spanning L4-S1 with a partial fusion of the L4-5, L5-S1 disc space. Grade 1 anterolisthesis of L3 on L4 and an intrathecal catheter were also noted. The provider recommended a new CT of the lumbar spine for a spine surgeon referral regarding L3-4. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: The CA MTUS guidelines do not recommend the long-term use of benzodiazepines because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. The medical records provided indicate an ongoing prescription for valium. Within the provided documentation the efficacy of the medication was unclear. The guidelines do not support the long-term use of valium. As such, the request is not medically necessary and appropriate.

LYRICA 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) and Antiepilepsy Drugs Page(s): 99 and 16-22.

Decision rationale: The CA MTUS guidelines state pregabalin (lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. It is also approved to treat fibromyalgia. The medical records provided indicate the provider was discontinuing neurontin to switch to lyrica. The guidelines recommend switching from neurontin to lyrica only if there is evidence of inadequate response, intolerance, hypersensitivity, or contraindications. Changing to another drug in this same class should be done over the minimum of one week. There is no indication the injured worker had an inadequate response, intolerance, hypersensitivity, or contraindications to neurontin to warrant switching to lyrica. In addition, the submitted request did not specify a frequency or quantity. As such, the request is not medically necessary and appropriate.

FENTORA 400MCG, #28: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentoral (Fentanyl Buccal Tablet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentoral (Fentanyl Buccal Tablet) and Opioids, Criteria for Use Page(s): 47 and 76-80.

Decision rationale: The CA MTUS guidelines state fentora is not recommended for musculoskeletal pain. It is currently approved for the treatment of breakthrough pain in certain cancer patients. FDA approval to market the drug for patients with other pain conditions such as chronic low back pain and chronic neuropathic pain, has not been obtained. In regards to opioid management, the guidelines state there should be ongoing review and documentation of pain

relief, functional status, appropriate use, and side effects. Per the 01/28/2014 clinical note, the injured worker reported that fentora 400mcg helped "some" but it wasn't significant. The medical records provided do not demonstrate an adequate assessment of the injured worker's pain. There is also a lack of documentation of functional status, appropriate use, or side effects. As such, the request is not medically necessary and appropriate.

NEW CT SCAN OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines CT of The Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: ACOEM recommends a CT or MRI only when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The Official Disability Guidelines do not recommend computed tomography except to evaluate successful fusion if plain x-rays do not confirm fusion. A previous CT performed on 10/01/2013 showed fusion of the lumbar spine with pedicle screws and metallic plate spanning L4-S1 with a partial fusion of the L4-5, L5-S1 disc space. Grade 1 anterolisthesis of L3 on L4 and an intrathecal catheter were also noted. The injured worker had no significant change in symptoms or suspected cauda equina, tumor, infection, or fracture to warrant a repeat CT. As such, the request is not medically necessary and appropriate.