MAXIMUS Federal Services

| Case Number: | CM14-0019889 | | |
|---|---|---|---|
| Date Assigned: | 02/21/2014 | Date of Injury: | 01/10/2008 |
| Decision Date: | 07/22/2014 | UR Denial Date: | 02/04/2014 |
| 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 Orthopedic Surgery 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 employee is a 34-year-old gentleman who states that he sustained a work-related injury on January 10, 2008. The attached medical record states that he had been experiencing low back pain and knee pain, which he rates at 6/10 with the use of medications. The injured employee also uses a spinal cord stimulator. There is a prior diagnosis of post laminectomy syndrome as well as Takotsubo cardiomyopathy. The prescriber believes that it is essential to continue the injured employee's medication at this time due to his heart condition and that weaning should be considered in the future after his heart condition improves. A review of the injured employee's medical records do not show any physical examinations that state anything of significance other than the injured employee using a cane for ambulation. An independent medical review, dated February 4, 2014, did not certify prescriptions of OxyContin, Neurontin, or Senekot; however, a prescription of Lodine was certified. A note just prior, dated January 28, 2014, states that there is concern about discontinuing oxycodone, Neurontin, Lodine, Senekot, and Phenergan prior to the stabilization of the injured employee's heart condition.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE IR 30 MG, # 360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009), Opioids Page(s): 74 of 127.

**Decision rationale:** There is no notation in the attached medical record why the injured employee should continue to need opioid medications while also using a spinal cord stimulator. It is not mentioned how much relief is provided by this spinal cord stimulator in addition or instead of his oral pain medications. This is a concerning reason to potentially continue a prescription of oxycodone. However, it is unclear from the medical records provided if the injured employee's heart condition has indeed stabilized at this time. Therefore, from a clinical perspective relative to the compensable event this medication is not indicated however, there is a reference to comorbidities which are insufficient data to support this request. Given the above the request is not medically necessary.

**NEURONTIN 600 MG, # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009),Gabapentin Page(s): 49 OF 127.

**Decision rationale:** There is no notation in the attached medical record why the injured employee should continue to need Neurontin while also using a spinal cord stimulator. It is not mentioned how much relief is provided by this spinal cord stimulator in addition or instead of his oral pain medications. However, it is unclear from the medical records provided if the injured employee's heart condition has indeed stabilized at this time. Therefore, from a clinical perspective relative to the compensable even,t this medication is not indicated; however, there is a reference to comorbidities, which are insufficient data to support this request. Given the above the request is not medically necessary.

**LODINE 300 MG, # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009), NSAIDs) non-steroidal anti-inflammatory drugs Page(s): 71 OF 127.

**Decision rationale:** There is no notation in the attached medical record why the injured employee should continue to need OxyContin and Lodine while also using a spinal cord stimulator. It is not mentioned how much relief is provided by this spinal cord stimulator in addition or instead of his oral pain medications. However, it is unclear from the medical records provided if the injured employee's heart condition has indeed stabilized at this time. Therefore, from a clinical perspective relative to the compensable event, this medication is not indicated;

however, there is a reference to comorbidities, which are insufficient data to support this request. Given the above the request is not medically necessary.

**SENOKOT S, # 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: National Guidelines Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009), Opioids criteria for use Page(s): 77 OF 127.

**Decision rationale:** As the injured employee will continue to take OxyContin at this time, it is well known that constipation is a potential side effect of this medication. Senekot is a medication to help with this constipation. However, there is no data to suggest any complaints relative to constipation on the physical examination to suggest that this malady exists. Therefore, there is insufficient clinical information presented to support this request. Given the above the request is not medically necessary.