

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0115537 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 12/27/2000 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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 Internal Medicine, and is licensed to practice in California, Colorado, Kentucky, and North Carolina. 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 67 year old male who suffered work a related injury on 12/27/00. The claimant was using a 40-50 pound long bar to dislodge a board, the bar was apparently about five feet in length. He developed low back pain going into his left leg, but he continued to work. He underwent chiropractic treatments, and then had surgery for spinal stenosis at L4-5 on 05/07/01. The second surgery consisted of L4-5 discectomy on 10/29/01. Most recent clinical documentation submitted for review was dated 08/06/14 the injured worker continued to complain of back pain at the low back pain not radiating. No weakness, numbness, bladder compromise, bowel compromise. Activities of daily living improved with medication. On physical examination, general appearance, healthy appearing, no acute distress and normal body habitus. Mood and affect, active and alert and non-agitated. He had antalgic gait, ambulated with cane. Lumbar spine, normal alignment. Bony palpation of the lumbar spine, no tenderness of sacrum or coccyx or sacroiliac joint or greater trochanter on the right or left. Right tenderness of the paraspinal at L3 and iliolumbar region and no tenderness of the pisiform or piriformis. Soft tissue palpation on the left revealed tenderness of the paraspinals at L3 and iliolumbar. He had pain with motion. Diagnosis, degeneration of lumbar intervertebral disc. Chronic pain syndrome. Lumbar post-laminectomy syndrome. Prior utilization review on 06/27/14 non-certification for Medrol DosePak and oxycodone ER 10mg and Zyrtec. Partial certification for oxycodone to attempt weaning or tapering and for Skelaxin to initiate titration and complete discontinuation of the medication. Certification of Zoloft. Current request was Medrol DosePak. Oxycodone 10mg tablets #90 oxycodone ER 10mg #60 Skelaxin 800mg #90 and Zyrtec 10mg #30. In review of the clinical records there really was not any clinical documentation of functional benefit from being on pain medication or VAS scores with and without pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol (pak) 4mg tablets, 21 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The request for MDP 4mg tablets # 21 is not medically necessary. The clinical documentation submitted as well as current evidence based guidelines do not support the request. The injured worker has no clear cut signs of radiculopathy. Therefore, the request for Medrol (pak) 4mg tablets, 21 count, is not medically necessary or appropriate.

Oxycodone 10 mg tablets, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore, the request for Oxycodone 10 mg tablets, ninety count, is not medically necessary or appropriate.

Oxycodone ER 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Therapeutic trial of Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore, the request for Oxycodone ER 10 mg, sixty count, is not medically necessary or appropriate.

Skelaxin (Metaxalone) 800 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time. Therefore, the request for Skelaxin (Metaxalone) 800 mg, ninety count, is not medically necessary or appropriate.

Zyrtec (Cetirizine) 10 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com

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: Zyrtec (Cetirizine) (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Zyrtec (Cetirizine) 10mg #30 is not medically necessary. Zyrtec (Cetirizine) and pseudoephedrine are used together to provide antihistaminic and decongestant properties to relieve the symptoms of associated with seasonal and perennial

allergis rhinitis. There is no clinical documentation that indicates that the injured worker suffers from this affliction. Therefore, the request for Zyrtec (Cetirizine) 10 mg, thirty count, is not medically necessary or appropriate.