

Case Number:	CM14-0151597		
Date Assigned:	09/19/2014	Date of Injury:	07/27/2009
Decision Date:	10/22/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 55-year-old woman who sustained a work-related injury on July 27, 2009. Subsequently, she developed low back pain. The patient underwent posterior L4-5 fusion with hardware on April 19, 2011. She had some improvement with regards to her low back pain and also her left neck pain. Patient underwent physical therapy and rehabilitation and experiences worsening pain in her lower extremity. She was diagnosed to have Complex Regional Pain syndrome and had a lumbar sympathetic block x1 in February 2012. This procedure gave her temporary response. After an evaluation on March 7, 2012, the patient underwent lumbar sympathetic blocks x3 with improvement, which was short lived. She was maintained on oral medications. She underwent left-sided transforaminal injection in the month of June 2012 with short-term improvement. She was recommended spinal cord stimulator trial and she underwent psychological evaluation. She passed this evaluation. According to a progress report dated August 21, 2014, the patient reported severe pain with frustration. She reported burning, aching, and spasms in the left lower back and pain that radiated down the left leg. Her current level of pain is 7/10. Her left 4th and 5th toes are numb, chronically. She used Oxycodone with minimal improvement. She also used Trazodone for sleep and Flexeril for muscle pain and muscle spasms. Her physical examination revealed limited range of motion of the left lower extremity secondary to weakness and pain. Hip flexion, hip adduction, hip abduction in the left leg are all greatly weaker as compared to the right leg. Left ankle joint has limited range of motion. Left foot displays left foot drop. She has pain to palpation and pressure to the base of her left foot especially near the heel area and just a little bit above that. Muscle mass and muscle tone are diminished in the left calf and quadriceps. Facet loading test positive on the left lower lumbar. Spine extension is restricted and painful. Dyesthesia in L5 distribution. The patient was diagnosed with chronic pain syndrome, reflex sympathetic dystrophy of the lower limb, and

postlaminectomy syndrome lumbar region, sciatica, and adjustment disorder with mixed anxiety and depressed mood. The provider requested authorization for Oxycodone, Flexeril, Trazodone, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It neither is nor recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation of functional improvement with previous use of the Oxycodone. There is no documentation of significant pain improvement with previous use of Oxycodone. There is no recent documentation of adequate monitoring for compliance/side effects with previous use of Narcotics. Therefore, the prescription of Oxycodone 5 mg #120 is not medically necessary.

Flexeril 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and

spasticity improvement. Therefore the request for authorization Flexeril 10mg # 90 is not medically necessary.

Trazodone 100mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). Comparison of the effectiveness of two hypnotic agents for the treatment of insomnia. Int J Psychiatry Nurse Res 10(1): pages 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no recent documentation of insomnia. Therefore, the request for Trazodone is not medically necessary.

Lyrica 75mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

Decision rationale: According to MTUS guidelines, Lyrica is anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 75 mg #120 is not medically necessary.