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| Case Number: | CM14-0021416 | | |
| Date Assigned: | 05/07/2014 | Date of Injury: | 12/21/1994 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 Neurosurgery, 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 62-year-old who states that she sustained a work-related injury on December 21, 1994. The specific mechanism of injury is not stated. The injured employee was most recently seen by pain management on March 6, 2014, and complained of chronic low back pain radiating down both lower extremities. There was a previous diagnosis of lumbar post laminectomy syndrome after a previous posterior lumbar interbody fusion at the L4/L5 and L5/S1 levels performed in 2002. There was also a subsequent posterior fusion at T12/L1 and L1/L2 with hardware removal of the previous levels performed on November 13, 2010. The injured employee uses a spinal cord stimulator which was permanently implanted on September 13, 2012 and states that it works well and provides 40% pain relief up for low back pain and radicular symptoms. The injured employee also complains of neck pain and headaches radiating to both her upper extremities. There is a diagnosis of cervical post laminectomy syndrome after an anterior cervical discectomy and fusion performed at C3 through C7 levels. Electro-diagnostics confirm a left-sided C6 and C7 level radiculopathy. A previous cervical epidural injection performed on February 14, 2013 only provide a short-term relief. The injured employee states that Percocet, Xanax, Ambien, and Prevacid work well for her pain and symptoms. The injured employee also relies on the use of Colace, Senna, Lidoderm, and Flector patches to also help with their symptoms. The physical examination on this date noted tenderness of the cervical spine and decreased cervical range of motion. There was decreased sensation along the posterior lateral arms and lateral forearms bilaterally. There was also tenderness to the lumbar spine with numerous trigger points. There was decreased lumbar range of motion and decreased sensation along the bilateral posterior lateral thighs and calves. There is a diagnosis of cervical and lumbar post laminectomy syndrome, reactionary depression/anxiety, bilateral lower extremity radiculopathy, Coccydynia, and medication induced gastritis. Medications prescribed were

Anaprx, Fexmid, place, Percocet, Xanax, Prevacid, Lidoderm, Flector patches, and Senna-S. Home health services were also requested as well as consideration for a cervical spinal cord stimulator. Previous independent medical review performed on January 29, 2014, certified the use of Prevacid, Percocet, and Xanax, and did not certify the use of Lidoderm, Flector patches, and Senna.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The injured employee does have symptoms relating to both cervical and lumbar post laminectomy syndrome which could require oral pain management for an undetermined length of time. The medical record does state that the injured employee does get pain relief with this medication and there has been no indication of abuse. The request for Percocet 10/325 mg, ninety count, is medically necessary and appropriate.

XANAX 1 MG #90: Upheld

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

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

Decision rationale: The injured employee has been previously diagnosed with both cervical and lumbar post laminectomy syndrome as well as reactionary depression/anxiety. The medical record indicates that the injured employee's use of the Xanax has been found to be beneficial. California Medical Treatment Utilization Schedule (CAMTUS) guidelines does not recommend the use of benzodiazepines for long-term use as there is a risk of dependence and tolerance. Treatment with an antidepressant medication is recommended instead. The attached medical record does not indicate that the injured employee has previously been treated with antidepressant medication. This should be tried prior to using benzodiazepines long-term. The request for Xanax 1 mg, ninety count, is not medically necessary or appropriate.

LIDODERM 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: Lidoderm patches are recommended for localized peripheral pain after a trial of a first-line therapeutic agent such as an antidepressant, or an anti-epileptic drug (AED) such as Gabapentin or Lyrica. There is no evidence in the attached medical record that the injured employee has previously tried these first-line agents. These agents should be tried first prior to reliance on chronic usage of Lidoderm patches. The request for Lidoderm 5%, thirty count, is not medically necessary or appropriate.

FLECTOR PATCH 1.3% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: Flector patches are a topical anti-inflammatory medication. This medication is indicated for topical treatment of osteoarthritis and tendinitis. The injured employee has not been diagnosed with these conditions. Flector patches are not approved for neuropathic pain by the Chronic Pain Medical Treatment Guidelines. The request for Flector patch 1.3%, sixty count, is not medically necessary or appropriate.

SENNA-S #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Assessment Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: Senna-S is a medication used to treat constipation. According to the Chronic Pain Medical Treatment Guidelines, constipation is sometimes a side effect encountered with opioid medications such as Percocet. As the injured employee may be taking Percocet for an undetermined length of time and may very well experience constipation, Senna is also an appropriate medication to be prescribed. However, there are no complaints or findings on physical examination to suggest that this complication is present. The request for Senna-S, sixty count, is not medically necessary or appropriate.