

Case Number:	CM14-0021471		
Date Assigned:	05/07/2014	Date of Injury:	09/21/2000
Decision Date:	07/09/2014	UR Denial Date:	02/20/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 42 year-old female child psychologist who injured her low back on 9/21/2000 after grabbing and carrying a child. Conservative care did not help, she had ESI and eventually the IDET, and then micordisectomy. According to the 2/6/14 anesthesiology/pain management report, from [REDACTED], the patient complains of low back pain radiating to the bilateral legs and extending to the mid and upper back with chronic headaches and reports of narcolepsy. The back pain was still rated at 8-10/10 intensity. She has been diagnosed with postlaminectomy pain, s/p failed IDET, s/p microdisectomy x2 with pseudomeningocele repair; chronic headache syndrome; fibromyalgia; narcotic dependency; BLE radicular pain; reactionary depression/anxiety; narcolepsy/chronic fatigue syndrome. She takes Norco 10/325mg 10-12/day; Robaxin 750 mg tid; tizanidine 1 at night; Maxalt daily; Valium 10 mg 2-3/day; Cymbalta 30mg 1 per day; Topamax 100mg qd; Lidoderm patch prn; Nuvigil 250mg qd; Ambien 5mg rarely; cannabis pill nightly.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS- CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient was reporting pain levels a 8-10/10, and was taking 10-12 Norco 10/325mg per day. [REDACTED] stated he would not prescribe Norco at that level due to the acetaminophen content. He discussed opioid detox, ran a CURES, and UDT. He recommended using Opana ER 10mg bid for baseline pain and using Norco 4x/day max for breakthrough pain. I have been asked to review for Norco #60 for 2-weeks supply. The patient's pain levels were not controlled, when she first presented to [REDACTED]. Her Norco was reduced from 10-12 tablets/day to 4/day max and these were for breakthrough pain, and the Opana ER was for long acting pain control. [REDACTED] appears to be tailoring the medications to the individual patient, which is in accordance with MTUS guidelines.

NUVIGIL 250MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 76-80. Decision based on Non-MTUS Citation Indications and Usage for Nuvigil.

Decision rationale: The patient was under pain management with [REDACTED] just prior to transferring to [REDACTED], and [REDACTED] recommended trying Opana ER and reducing the Norco, and keeping the other medications the same. MTUS/ACOEM does not discuss Nuvigil. The FDA labeled indication is for narcolepsy or to improve wakefulness in patients with excessive sleepiness. The physician has reported history of narcolepsy. He has also noted poor pain control and recommended changes to the pain medications. MTUS guidelines on opioids initiating therapy indicate to only change one drug at a time. The treating physician is in the process of tailoring the medications for the patient and appears to be in accordance with MTUS recommendations by changing one drug at a time. The use of Nuvigil also appears to be in accordance with its labeled indications. This request is medically necessary.

ROBAXIN 750MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: [REDACTED] recommended long-acting Opana ER, and to cut Norco to 4/day max. He provided a 2-weeks supply of medication and wanted the follow-up in 2-weeks. He kept the other medications the same. This included Robaxin 750mg three/day, and prescribed #60. MTUS states this is a 2nd line option for short-term treatment of acute exacerbations in

patient with chronic LBP. The patient is taking Robaxin 3/day and will be seen in 2-weeks. This would be a total of #45 tablets. The physician has asked for #60. The requested number of tablets of Robaxin is not consistent with the reporting. There is no acute exacerbation of chronic low back pain reported. The request is not in accordance with MTUS guidelines.

MAXALT #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter online for: Rizatriptan.

Decision rationale: MTUS/ACOEM did not discuss Maxalt, so ODG was consulted. ODG states Maxalt is recommended for migraine sufferers. [REDACTED] was tailoring the pain medications, and per MTUS was changing one drug at a time, and recommended continuing Maxalt which was prescribed by the prior pain management physician. [REDACTED] also requested neurology consult for evaluation of the headaches. The continued use of Maxalt at the same level, while the physician is modifying the pain medications, is in accordance with MTUS guidelines.