

Case Number:	CM14-0056102		
Date Assigned:	09/03/2014	Date of Injury:	01/06/1989
Decision Date:	10/02/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/25/2014

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, and is licensed to practice in Texas and Mississippi. 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 55-year-old female who reported an injury on 01/06/1989 due to a fall. The injured worker had a history of pain. The diagnosis included lower extremity weakness with increased reflexes. The MRI of unknown date to the L5-S1 revealed stenosis with 4 mm herniated nucleus pulposus. The prior surgeries included a microdiscectomy at L5-S1 dated 1994. The injured worker had a thoracic cord stimulator. No prior treatments available. General examination revealed well developed female did not appear to be in any discomfort, normal gait, walks without discomfort, no difficulty on heels and toes. The examination of the neck revealed paraspinous spasm was not noted, no tenderness was present, reflex was 75 degrees and extension was 30 degrees with rotation to the right 75 degrees and rotation to the left 75 degrees. No radicular pain was present in the arm. The foraminal compression test did not produce radicular symptomology. The examination to the lumbar region revealed no presence of the paraspinous spasms. Tenderness was present bilaterally in the sacroiliac joint. Tenderness was not present to the buttocks in the lumbar area. The injured worker was able to flex 30 degrees with extension 10 degrees, tilt to the right 10 degrees, tilt to the left 10 degrees, as the straight leg raise was 45 degrees to the right and 45 degrees to the left. Normal strength for all muscle groups. The electromyogram and nerve conduction velocity study did not have any evidence of neuropathy. The medications include Lyrica, Baclofen, Elavil, Mirapex, Inderal, Mobic, Crestor, Lunesta and Percocet as needed. No VAS provided. The treatment plan included medications. The Request for Authorization for Baclofen and Percocet dated 08/07/2014 was submitted with documentation. No other Request for Authorization was within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management, Page(s): 75,86, 78.

Decision rationale: California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It further recommend that dosing of opioids not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Per the clinical notes did not indicate that the injured worker showed any signs of pain, no VAS was provided, activities of daily living, adverse side effects, or aberrant drug taking behavior. The physical examination did not reveal any abnormal findings other than some tenderness over the sacral area. The request did not indicate the frequency. As such, the request is not medically necessary.

1 prescription of Baclofen 10 mg #90: Upheld

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

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

Decision rationale: The request for 1 prescription of Baclofen 10 mg #90 is not medically necessary. The California MTUS recommend non-sedating muscle relaxants with caution as a secondary line option for short term treatment of acute exacerbation in the injured worker with chronic lower back pain. The clinical notes provided did not indicate that the injured worker was having pain. The clinical notes did not indicate the length of time that the injured worker had been taking the Baclofen. The injury was in 1989. The request did not indicate the frequency. As such, the request is not medically necessary..

1 prescription of Lyrica 200 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The request for 1 prescription of Lyrica 200 mg #60 is not medically necessary. The California MTUS indicate that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, FDA approved for both indications and is considered a front line treatment for both. Pregabalin is also approved to treat fibromyalgia. The clinical notes did not indicate that the injured worker was diagnosed with diabetic neuropathy or postherpetic neuralgia. The request did not indicate the frequency. As such, the request is not medically necessary.

1 prescription of Lunesta 3 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments

Decision rationale: The request for 1 prescription of Lunesta 3 mg #30 is not medically necessary. The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical notes do not indicate that the injured worker had a history or diagnosis of insomnia. The guidelines indicate short term treatment for insomnia, generally 2 to 6 weeks. The request did not indicate frequency. As such, the request is not medically necessary.

1 prescription of Elavil 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic Pain. Decision based on Non-MTUS Citation Prim Care Companion J Clin Psychiatry. 2001; 3(4): 168-174

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for 1 prescription of Elavil 50 mg #30 is not medically necessary. The California MTUS indicates that long term effectiveness of antidepressants has not been established. (Wong, 2007) The effect of this class of medication in combination with other classes of drugs has not been well researched. The clinical notes did not indicate the length of time that the injured worker had been taking the Elavil or the efficacy of the Elavil. The request did not address the frequency. As such, the request is not medically necessary.

1 prescription of Mobic 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The California MTUS indicate that Meloxicam is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The clinical notes did not indicate that the injured worker had a diagnosis of osteoarthritis. The request did not indicate the frequency. As such, the request is not medically necessary.

1 prescription of Mirapex 0.125 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Oertel WH, Berardelli A, Bloem BR, Bonuccelli U, Burn D, Deuschl G, Dietrichs E, Fabbrini G, Ferreira JJ, Friedman A, Kanovsky P, Kostic V, Nieuwboer A, Odin P, Poewe W, Rascol O, Sampaio C, Schupbach M, Tolosa E, Trenkwalder C, Early (uncomplicated) Parkinson's disease. In: Gilhus NE, Barnes MP, Brainin M, editor(s). European handbook of neurological management. 2nd ed. Vol. 1. Oxford (UK): Wiley-Blackwell: 2011.p. 217-36

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mirapex.html>

Decision rationale: The request for 1 prescription of Mirapex 0.125 mg #60 is not medically necessary. The California MTUS/ACOEM and the Official Disability Guidelines do not address Mirapex specifically. Drugs.com/mirapex indicates that Mirapex (pramipexole) has some of the same effects as a chemical called dopamine, which occurs naturally in your body. Low levels of dopamine in the brain are associated with Parkinson's disease. Mirapex is used to treat symptoms of Parkinson's disease, such as stiffness, tremors, muscle spasms, and poor muscle control. Mirapex is also used to treat restless legs syndrome (RLS). Some people taking Mirapex have fallen asleep during normal daytime activities such as working, talking, eating, or driving. You may fall asleep suddenly, even after feeling alert. Tell your doctor if you have any problems with daytime sleepiness or drowsiness. If you are unsure of how this medicine will affect you, be careful if you drive or do anything that requires you to be awake and alert. The clinical notes do not indicate any efficacy of the Mirapex related to any restless leg syndrome. The injured worker did not have a diagnosis of restless leg syndrome. The clinical notes indicated lower extremity weakness with increased reflexes. The guidelines indicated that the medication is used for Parkinson's disease and that it has the potential to have the injured worker to sleep fall asleep suddenly, even after feeling alert. The injured worker, per the clinical notes, has a history of falling. The request did not indicate the frequency. As such, the request is not medically necessary.