

Case Number:	CM14-0070139		
Date Assigned:	08/08/2014	Date of Injury:	12/30/2008
Decision Date:	09/24/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 52 year old female who was injured on 12/30/2008. The diagnoses are low back pain, myofascial pain syndrome and migraine headache. There are associated diagnoses of depression and anxiety disorder. The lumbar spine MRI was unremarkable in 2012 and 2013. In 2013, ██████████ recommended comprehensive psychiatric treatment. On /2/2014, ██████████ noted subjective complaints of low back pain, neck pain and bilateral shoulder pain. The pain was rated at 10/10 on a scale of 0 to 10 despite medications utilization. There were objective findings of positive straight leg raising test and muscle tenderness. The medications are listed as Oxycodone, OxyContin, Etodolac and Lyrica for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs , opioids Page(s): 74-96.

Decision rationale: MTUS Guidelines recommends that the use of opioids be limited to short term periods during exacerbation of chronic musculoskeletal pain that did not respond to

standard treatment with NSAIDs and non- opioid medications. The chronic use of high dose opioids can lead to tolerance, addiction, adverse interaction with other sedatives and opioid induced hyperalgesia. The MRI of the lumbar spine did not show significant pathology. The record did not show that the psychologist recommendation for psychiatrist management in 2013 was followed. There is no documentation of compliance monitoring measures. As such, the request is not medically necessary.

Oxycontin 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, opioids Page(s): 74-96, 124.

Decision rationale: MTUS Guidelines recommends that the use of opioids be limited to short term periods during exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and non- opioid medications. The chronic use of high dose opioids can lead to tolerance, addiction, adverse interaction with other sedatives and opioid induced hyperalgesia. The MRI of the lumbar spine did not show significant pathology. The record did not show that the psychologist recommendation for psychiatrist management in 2013 was followed. There is no documentation of compliance monitoring measures. As such, the request is not medically necessary.

Lyrica (unspecified quantity): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-convulsants Page(s): 16-22.

Decision rationale: MTUS Guidelines recommend the use of anti-convulsants as first-line medications for neuropathic pain. Anticonvulsants are also beneficial for non neuropathic pain, mood disorder and chronic headache. The records indicate that the patient experienced side effects with the use of Gabapentin. The criteria for the use of Lyrica has been met. As such, the request is medically necessary.

Omeprazole (unspecified quantity): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

Decision rationale: MTUS Guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAID induced gastrointestinal complications. The records indicate that the patient is utilizing Etodolac for the treatment of musculoskeletal pain. There is increased incidence of NSAID induced complications in the elderly or people with co-existing diseases. The criteria for the use of Omeprazole has been met. As such, the request is medically necessary.

Etodolac: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: MTUS Guidelines recommend that the use of NSAIDs can be beneficial during periods of acute exacerbations of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing Etodolac as needed for the treatment of exacerbations of chronic musculoskeletal pain. No side effects were reported. The criteria for the use of Etodolac have been met. As such, the request is medically necessary.

Soma (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PT Page(s): 63-66.

Decision rationale: MTUS Guidelines recommend that the use of muscle relaxants be limited to periods of exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and Physical Therapy. The chronic use of muscle relaxants is associated with development of addiction, sedation, dependency and drug interactions. The records indicate that the patient has been utilizing Soma for many years, longer than the recommended 4 weeks. Soma is metabolized to meprobamate, a barbiturate like substance with sedative and addicting properties. As such, the request is not medically necessary.