

Case Number:	CM14-0174218		
Date Assigned:	10/31/2014	Date of Injury:	11/11/2011
Decision Date:	03/16/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old male who reported an injury on 11/11/2011. The mechanism of injury was not specifically stated. The current diagnoses include status post L5-S1 discectomy and laminectomy, granulation tissue at L4-S1, history of L5-S1 disc extrusion, chronic L4-5 protrusion, associated postoperative lumbar muscle sprain and myofascial pain, chronic opioid use, constipation due to opioid use, history of gastroesophageal reflux disease, insomnia, bilateral knee pain, and erectile dysfunction. The injured worker presented on 10/16/2014 with complaints of worsening right lower back pain and right lower extremity pain. The injured worker has been previously treated with medication management. The current medication regimen includes OxyContin 10 mg, OxyContin 30 mg, oxycodone 20 mg, Cymbalta 60 mg, Flexeril 10 mg, Anaprox 550 mg, Protonix 40 mg, gabapentin 900 mg, and Terocin patch. Upon examination, there was exquisite tenderness to palpation along the lumbar spine, 4/5 motor weakness in the right lower extremity, decreased sensation in the L5 and S1 dermatome on the right, diminished patellar and Achilles reflexes on the right, positive seated and supine straight leg raise on the right, and limited lumbar range of motion secondary to pain. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Oxycodone 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. Previous urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Gabapentin 900mg 270 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state gabapentin has been FDA approved for treating neuropathic pain. However, the injured worker has continuously utilized this medication since at least 04/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Cymbalta 60mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta is recommended as a first line option for diabetic neuropathy. It is used off label for neuropathic pain and radiculopathy. The injured worker has continuously utilized this medication since at least 04/2014. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Therefore, the request is not medically appropriate.

Flexeril 10mg #60 x 3 refills: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized this medication. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The guidelines do not recommend long term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Protonix 40mg #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request cannot be determined as medically appropriate in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Terocin patches x 3 boxes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when there is evidence of a trial of first line treatment with antidepressants and anticonvulsants. There is no documentation of a failure of first line oral medication. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.