

Case Number:	CM14-0181579		
Date Assigned:	12/12/2014	Date of Injury:	03/07/2003
Decision Date:	02/25/2015	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/31/2014

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This individual is a 46 y/o male who developed persistent low back pain subsequent to a lifting injury on 3/7/03. He underwent a spinal fusion at L4-5 and several subsequent QME evaluators questioned the appropriateness of the original surgery. Due to increasing pain and adjacent deterioration he eventually underwent L3-S1 fusion, but has a severe neuropathic pain syndrome (failed back syndrome). Recent MRI studies confirm an arachnoiditis that is known to cause neuropathic pain. He has been treated long term with Opioid analgesics. His current medications have been provided for greater than 6 months and are reported to allow for a 40% improvement in pain. Functional benefits are reported to be the ability to perform usual ADL activities vs being bed ridden. Drug testing has been consistent with prescriptions and no aberrant drug related behaviors are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30 mg, 360 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to Continue Page(s): 80, 86.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the responsible use of opioids when there is reasonable pain relief and functional support. These standards are being met with the documented 40% pain relief and improvements in ADL's. There is no evidence of misuse. The guidelines discourage but do allow for this level of use, if under the appropriate supervision. Therefore, the requested Roxycodone #30mg #360 is medically necessary.

Gabapentin 600 mg, ninety count with three refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 18.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the use of Gabapentin for neuropathic pain. This patient clearly has neuropathic pain. Therefore, the request for Gabapentin is medically necessary.

Fentanyl patches 100 mcg, fifteen count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to Continue Page(s): 80, 86.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the responsible use of opioids when there is reasonable pain relief and functional support. These standards are being met with the documented 40% pain relief and improvements in ADL's. There is no evidence of misuse. The guidelines discourage but do allow for this level of use, if under the appropriate supervision. Therefore, the request for the Fentanyl patches 100ug/hr #15 is medically necessary.

Tizandine 6 mg, sixty count: Overturned

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

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

Decision rationale: MTUS Guidelines recommend that muscle relaxant be limited to short term use. However, the guideline details regarding Tizanidine do allow for longer-term use for chronic low back pain. Guidelines point out efficacy for chronic low back pain for this particular drug and note that the mechanism of action is not intentional sedation as is most other muscle relaxants. Under these circumstances, the Tizanidine is consistent with guidelines and is medically necessary.