

Case Number:	CM14-0185562		
Date Assigned:	11/13/2014	Date of Injury:	01/12/2010
Decision Date:	08/17/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 34 year old male, who sustained an industrial injury on 1/12/10. Initial complaints were not reviewed. The injured worker was diagnosed as having status post L4-5 and L5-S1 fusion; status post revision lumbar spine surgery with coccyx fracture removal; radiculopathy lumbar spine; distal coccygeal fracture/dislocation severe pain. Treatment to date has included physical therapy; aquatic therapy; medications. Diagnostics included x-rays sacrum/coccyx (5/3/13); CT scan lumbar spine (6/19/13); MRI lumbar spine (4/18/14); x-rays lumbar spine (9/16/14). Currently, the PR-2 notes dated 9/19/14 indicated the injured worker was last examined in this office on 8/22/14. Since that time he has continued to utilize symptomatic medications as needed and directed. He has attended a course of postoperative aquatic therapy with benefit reported. He is six weeks status post revision of the lumbar spine fusion and resection of fractured coccyx. Flex-Ext x-rays of the lumbar spine were completed. Physical examination noted for the lumbar spine reveals a healed surgical scarring with no edema, ecchymosis or gross deformity. There is tenderness to palpation over the paraspinous process region with spasms present. There is also tenderness over the distal coccyx. His range of motion of the lumbar spine remains limited with flexion 30, extension 10, bilateral bending at 10 degrees. Straight leg raise testing's are positive bilaterally with sacroiliac strain testing negative. He has a mildly decreased sensation in the left L5 dermatomal distribution; deep tendon reflexes for patellar and Achilles reflexes noted as 2+ bilaterally. His distal pulses, dorsal pedis and posterior tibialis pulses are intact bilaterally. The injured worker is a status post L4-5 and L5-S1 fusion of 3/3/12; status post revision lumbar spine surgery with coccyx fracture removal

10/23/13. The provider is requesting authorization of the following medications: Oxycodone 10mg 1 tab PO TID PRN #90; Amitriptyline 25mg PO at night #30; Gabapentin 600mg 1 tab TID #60 and Baclofen 10mg 1 tab PO PRN BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg 1 tab PO TID prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 34 year-old male with an injury on 01/12/2010. He had a L4-L5 and L5-S1 fusion 03/03/2012 and had a coccyx fracture treated with removal on 10/23/2013. He had a revision lumbar fusion in 2014 and on 08/22/2014 he was 6 weeks post fusion revision. Reflexes were normal. He has a mild decreased sensation in the left L5 dermatome. Straight leg raising is positive bilaterally. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Therefore, the request is not medically necessary.

Amitriptyline 25mg PO at night #30: Upheld

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

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

Decision rationale: The patient is a 34 year-old male with an injury on 01/12/2010. He had a L4-L5 and L5-S1 fusion 03/03/2012 and had a coccyx fracture treated with removal on 10/23/2013. He had a revision lumbar fusion in 2014 and on 08/22/2014 he was 6 weeks post fusion revision. Reflexes were normal. He has a mild decreased sensation in the left L5 dermatome. Straight leg raising is positive bilaterally. MTUS, chronic pain guidelines note that there are some antidepressants (tricyclic) that are first line drugs to treat neuropathic pain. The optimal duration of treatment is not known as most double-blind trials have been of short duration. Also, there is no documentation of neuropathic pain in this patient. Side effects such as excessive sedation need to be assessed. Also, the effects of this class of drugs on other medications has not been assessed. Long term effectiveness of antidepressants on chronic pain have not been established. The requested antidepressant is not medically necessary for this patient.

Gabapentin 600mg 1 tab PO TID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient is a 34 year-old male with an injury on 01/12/2010. He had a L4-L5 and L5-S1 fusion 03/03/2012 and had a coccyx fracture treated with removal on 10/23/2013. He had a revision lumbar fusion in 2014 and on 08/22/2014 he was 6 weeks post fusion revision. Reflexes were normal. He has a mild decreased sensation in the left L5 dermatome. Straight leg raising is positive bilaterally. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.

Baclofen 10mg 1 tab PO prn BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: The patient is a 34 year-old male with an injury on 01/12/2010. He had a L4-L5 and L5-S1 fusion 03/03/2012 and had a coccyx fracture treated with removal on 10/23/2013. He had a revision lumbar fusion in 2014 and on 08/22/2014 he was 6 weeks post fusion revision. Reflexes were normal. He has a mild decreased sensation in the left L5 dermatome. Straight leg raising is positive bilaterally. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.