MAXIMUS Federal Services

Case Number:	CM14-0188994		
Date Assigned:	11/19/2014	Date of Injury:	09/07/2005
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is nearly 10 years status post work-related injury and continues to be treated for CRPS affecting the right lower extremity and chronic osteomyelitis. Medications prescribed include OxyContin and oxycodone at a total morphine equivalent dose (MED) of 150 mg/day.Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, although the claimant has chronic pain and the use opioid medication may be appropriate, the total MED being prescribed is in excess of that recommended, therefore, this medication was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 20 mg # 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for CRPS affecting the right lower extremity and chronic osteomyelitis.

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One prescription of Ondanestron HCL 8 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 (ODG) Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ondansetron prescribing information

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for CRPS affecting the right lower extremity and chronic osteomyelitis. Medications prescribed include OxyContin and oxycodone at a total morphine equivalent dose of 150 mg/day.Indications for prescribing Ondansetron are for the prevention of nausea and vomiting associated with cancer treatments or after surgery. The claimant has not had recent surgery and is not being treated for cancer. ODG addresses the role of Antiemetics in the treatment of opioid induced nausea. In this case, although the claimant is being prescribed opioid medication, there is no history of opioid induced nausea. Therefore, the use of this medication is not medically necessary.

One prescription of Fexmid 7.5 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for CRPS affecting the right lower extremity and chronic osteomyelitis. Medications prescribed include Fexmid being prescribed on a long-term basis. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore Fexmid is not medically necessary.

One prescription of Gabpentin 300 mg # 24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for CRPS affecting the right lower extremity and chronic osteomyelitis. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore, as prescribed, is not medically necessary.