

Case Number:	CM14-0207608		
Date Assigned:	12/19/2014	Date of Injury:	12/21/2001
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Family Practice, and is licensed to practice in California. 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:

72 yr. old female claimant sustained a work injury on 12/2/01 involving the low back. She was diagnosed with thoracic radiculitis, lumbar degenerative disc disease in chronic pain syndrome. She had undergone a lumbar laminectomy and developed post laminectomy syndrome. A CT scan of the lumbar spine in November 2002 showed L5- S-1 fusion in spinal stenosis. An x-ray of the lumbar spine in 2005 showed possible to loosening of an L4 screw. Progress note in June 18, 2014 indicated the claimant eight out of 10 pain with medication. She has been on Toviaz for some bladder incontinence. A progress note on November 11, 2014 indicated the claimant has continued 6/10 pain with medication and 9/10 without medication. She had been on Fentanyl, Percocet, Ibuprofen and Toviaz. Exam findings were notable for tenderness in the lumbar region and limited range of motion in the lumbar spine. She was continued on the above medications with a request for three more months of refills. There was no recent mention on incontinence management. She had been on the above medications since at least early 2014 at which time her pain levels and function were nearly the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 10 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Percocet contains Oxycodone. Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for a year without significant improvement in pain or function. The continued use of Oxycodone is not medically necessary.

1 Prescription of Ibuprofen 800 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Ibuprofen, NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Motrin for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. There is no indication for combining two classes of pain medications (opioids and NSAIDs). There was no substantial improvement in pain and/or function. Continued use of Ibuprofen is not medically necessary.

1 Prescription of Toviaz ER 8 mg #30 with 3 refills: Upheld

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

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: National guidelines on incontinence.

Decision rationale: Toviaz is used for bladder incontinence. In this case the type of urinary incontinence was not described (i.e. stress, urgency, mix, over active). Prior urine testing, assessment of the pelvic floor muscles and/ or thorough history and physical were not provided to support the long-term use. Recent continuation of the medication was not supported by subjective and/or objective findings. Continued use of Toviaz is not medically necessary.