

Case Number:	CM15-0133184		
Date Assigned:	07/21/2015	Date of Injury:	05/31/2004
Decision Date:	08/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male, who sustained an industrial injury on 5/31/2004. He reported trauma injuries to the head, pelvis and back from a motorcycle accident. Diagnoses include cervicgia, migraine, headache, depressive disorder, lumbosacral disc disease, status post closed head injury and global amnesia. Treatments to date include medication therapy, physical therapy trigger point injections, occipital nerve block, epidural steroid injections, facet joint injections and use of TENS unit. Currently, he complained of increased headache pain and increased lower back pain and muscle spasms. He reported a recent visit to the Emergency Department on 5/26/15 due to increased pain Current medications included Oxycodone reported to provide two to three hours of 70% pain relief. On 6/2/15, the physical examination documented tenderness throughout the thoracic and lumbar spine with muscle spasms. The straight leg raise test was positive on the left. The plan of care included Keppra 500mg #90; and Oxycodone HCL 5mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra 500mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. See also specific drug listings below: Gabapentin (Neurontin); Pregabalin (Lyrica); Lamotrigine (Lamictal); Carbamazepine (Tegretol); Oxcarbazepine (Trileptal); Phenytoin (Dilantin); Topiramate (Topamax); Levetiracetam (Keppra); Zonisamide (Zonegran); & Tiagabine (Gabitril). With specific regard to Keppra: "while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, gabapentin, or lamotrigine cannot be used." The documentation did not contain any evidence that carbamazepine, gabapentin, or lamotrigine had been trialed and failed. As Keppra is not a first-line AED for neuropathic pain, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for weaning.

Oxycodone Hydrochloride 5mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals documentation supporting the ongoing use of oxycodone. Per progress report dated 1/16/15, the injured worker reported 50% relief with opioids. He stated that with the medication, he was able to make breakfast for his kids, shop and clean the house; without them,

he stated he would not be able to do these tasks. UDS report dated 1/27/15 was consistent with prescribed medications. CURES report was checked periodically and was appropriate. I respectfully disagree with the UR physician, the documentation submitted for review supports the use of this medication. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning. Therefore, the request is medically necessary.