

Case Number:	CM15-0137102		
Date Assigned:	07/27/2015	Date of Injury:	02/01/1983
Decision Date:	09/18/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/15/2015

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

Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 2/1/1983. The current diagnoses are chronic pain syndrome, cervical/lumbar degenerative disc disease, severe cervical myelopathy, status post anterior/posterior cervical fusion, and failed back syndrome. According to the progress report dated 6/16/2015, the injured worker complains of neck, low back, and bilateral leg pain. The quality of pain is described as an aching spasm and burning. The duration of pain has been greater than 10 years. The pain is rated 8/10 on a subjective pain scale. The physical examination of the lumbar spine reveals diffuse tenderness to palpation throughout the paraspinal musculature, positive straight leg raise test bilaterally, and severely antalgic, wide-based gait. The current medications are over-the-counter Aleve. Per notes, all his pain medications were denied over the past 2 years. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, psychological evaluation, epidural steroid injections, 5-day spinal cord stimulator trial (excellent results), and surgical intervention. MRI of the lumbar spine from November 2013 shows stable post-operative L3 through S1 posterior decompression and fusion, degenerative spondylosis throughout the lumbar spine, and large disc extrusion posterior to the vertebral body. Work status was not described. A request for Neurontin, Oxycodone IR, and spinal cord stimulator has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs), including Neurontin, as a treatment modality. AEDs are typically used to treat neuropathic pain. When used, the MTUS guidelines recommend that the patient be monitored for clinically relevant outcomes in order to assess for efficacy. The outcome assessments are as follows: Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The records indicate that the patient has used Neurontin as a long-term treatment strategy; yet there is no objective evidence in the medical records of improved outcomes as described above. Given the lack of documentation of improved outcomes including reduction in pain and improved function, Neurontin is not considered as medically necessary.

Spinal cord stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulator, Indications for stimulator implantation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Page(s): 105-107.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of spinal cord stimulators as a treatment modality. A spinal cord stimulator is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The MTUS indications for stimulator implantation are as follows: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex

Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70- 90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.) Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. Peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. In this case, the specific rationale for the use of a spinal cord stimulator has not been provided. Further, the request does not indicate that the use of a spinal cord stimulator is a temporary trial as noted in the above cited guidelines. Finally, there is insufficient evidence that the patient has failed all other less invasive procedures. For these reasons, a spinal cord stimulator is not medically necessary.

Oxycodone 10 IR #90 (do not fill until 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, When to Discontinue Opioids, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone IR Page(s): 92.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of opioids for patients with chronic pain. These guidelines also comment on the use of specific opioid agents including Oxycodone IR. In this case, in the Utilization Review process there were two separate requests for Oxycodone IR; one that was filled immediately and the above requested prescription that stated "do not fill until 7/14/2015." The review supported the use of Oxycodone IR; under the MTUS conditions for dosing described as follows: Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; generic available), Oxycodone controlled release (OxyContin): [Boxed Warning]: Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Analgesic dose: (Immediate release tablets) 5mg every 6 hours as needed. Controlled release: In opioid naive patients, the starting dose is 10mg every 12 hours. The above requested Oxycodone prescription represents an overlap to the already certified Oxycodone 10mg IR prescription. The certified prescription allows for continuous use of Oxycodone IR without interruption. Therefore, this additional prescription for Oxycodone 10mg IR #90 (do not fill until 7/14/15) is not medically necessary.