

Case Number:	CM15-0197620		
Date Assigned:	10/12/2015	Date of Injury:	11/18/2003
Decision Date:	12/17/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Preventive Medicine, Occupational Medicine

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 43 year old female, who sustained an industrial injury on 11-18-03. The injured worker was diagnosed as having status post lumbar fusion on 9-18-08, cervicogenic headaches, cauda equine syndrome and bowel dysfunction. Medical records (4-1-15 through) indicated 3 out of 10 pain with medications and 9 out of 10 pain without medications. The physical exam (4-1-15 through 7-9-15) revealed lumbar flexion and extension is 50-60% of normal, a positive straight leg raise test on the right at 60 degrees and "severe" loss of sensation over the right foot in L5 and S1 dermatomes on the right side. As of the PR2 dated 8-18-15, the injured worker reports low back pain, numbness of the left foot and difficulty sleeping. She rates her pain 3 out of 10 with medications and 9 out of 10 without medications. Objective findings include lumbar flexion and extension is 50% of normal, a positive straight leg raise test on the right at 60 degrees and "severe" loss of sensation over the right foot in L5 and S1 dermatomes on the right side. Current medications include Oxycodone (since at least 4-1-15), Miralax, Omeprazole, Lyrica and Xanax (since at least 4-1-15). Treatment to date has included a TENS unit, orthotics and Prednisone. The treating physician requested Oxycodone 30mg #180, Miralax powder 827g jar, Senokot, Xanax 0.5mg #120 and Lyrica 200mg #60. The Utilization Review dated 9-18-15, non-certified the request for Oxycodone 30mg #180, Miralax powder 827g jar, Senokot, Xanax 0.5mg #120 and Lyrica 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 Mg Qty 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Guidelines state that Oxycodone is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the requested Oxycodone as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. I am reversing the previous utilization review decision. Oxycodone 30 Mg Qty 180 is medically necessary.

Miralax Powder 827g Jar: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. The patient is currently prescribed an ongoing opioid regime for chronic pain. Consequently, the concurrent use of Miralax Powder is medically reasonable. I am reversing the previous utilization review decision. Miralax Powder 827g Jar is medically necessary.

Senokot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. The patient is currently prescribed an ongoing opioid regime for chronic pain. At present, based on the records provided, and the evidence-based guideline review, the request would be considered medically reasonable. However, the request is non-specific for dose, sig, and amount of medication; consequently, the request is not medically necessary.

Xanax 0.5 Mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 0.5 Mg Qty 120 is not medically necessary.

Lyrica 200 Mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: The MTUS states that pregabalin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Lyrica is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of functional improvement with the continued use of this medication. I am reversing the previous utilization review decision. Lyrica 200 Mg Qty 60 is medically necessary.