MAXIMUS Federal Services

Case Number:	CM15-0198114		
Date Assigned:	10/13/2015	Date of Injury:	11/30/1995
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 62 year old female, who sustained an industrial injury on November 30, 1995. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic pain syndrome, degeneration of lumbar lumbosacral intervertebral disc, displaced lumbar intervertebral disc, spinal stenosis lumbar region, unspecified thoracic lumb neuritis radiculitis, osteoarthrosis knee and pain in joint lower leg. Treatment to date has included diagnostic studies, medications and a "stimulator." On September 8, 2015, the injured worker complained of worsened lower back, bilateral lower extremity and bilateral hand pain. The pain was described as tingling, electric shock, stabbing, annoying, tiring, pins and needles, cramping, punishing, cruel and exhausting. The pain was rated as a 0 on a 1-10 pain scale. Physical examination revealed paraspinal tenderness. Straight leg raise test was positive bilaterally. The treatment plan include refills of medications and the addition of Lidopro to assist with neuropathic pain, bilateral L4-S1 selective nerve root block, physical therapy and a follow-up visit. On September 23, 2015, utilization review denied a request for Methocarbam 500mg #270. A request for Oxycodone 30mg #180 was modified to Oxycodone 30mg #135. A request for Gabapentin 800mg #360 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician notes only partially decreased pain with no evidence of any functional improvement with the use of this opioid. The earlier review recommended weaning of opioids, which would be appropriate. As such, the request Oxycodone tab 30mg #180 is not medically necessary.

Methocarbam tab 500mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: MTUS writes, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Medical records do no indicate the failure of first line treatments. As such, the request for Methocarbamol tab 500mg #270 is not medically necessary.