

Case Number:	CM15-0023502		
Date Assigned:	02/13/2015	Date of Injury:	09/22/2011
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, 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 50 year old female, who sustained an industrial injury on September 22, 2011. The diagnoses have included pseudarthrosis L5-S1 status post anterior and posterior revision fusion with bilateral pelvic fixation, right knee pain after surgery and anterior abdominal wound dehiscence. Treatment to date has included anterior/posterior revision fusion, pain medications. Currently, the injured worker complains of low back pain. In a progress note dated November 12, 2014, the treating provider reports examination of the lumbar spine reveals tenderness at L5-S1, mildly positive straight leg raise both left and right. On January 14, 2015 Utilization Review non-certified a Oxy IR 5mg quantity 50, Fentanyl patch 100mcg quantity 15, and Robaxin 500mg Quantity 90, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 5mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: OxyIR 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 OxyIR for a year without significant improvement in pain or function. Vas pain score comparisons were nnot noted. Long-term use can lead to addiction and tolerance. A pain agreement was not found. The continued use of OxyIR is not medically necessary.

Fentanyl patch 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl
Page(s): 47.

Decision rationale: According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. . The claimant had been on high dose opioids for nearly a year without significant improvement in pain or function. There were no recent VAS score provided to indicate improvement. Long-term use can lead to addiction and tolerance. There was no indication of a long-acting oral opioid failure. No opioid agreement was found. Continued use of Fentanyl is not medically necessary.

Robaxin 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-spasmodics Page(s): 64-65.

Decision rationale: Robaxin is an anti-spasmodic. They are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Their efficacy diminishes over time and long-term use is not recommended. The claimant had been on muscle relaxants including Zanaflex for several months in combination with high dose steroids. The medication's efficacy and cliamant's function with was not noted. Robaxin falls in the same general category of muscle relaxants and anti-spasmodics. The continued use of Robaxin is not medcally necessary.