

<b>Case Number:</b>	CM15-0060292		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 66-year-old male who sustained an industrial injury on 3/15/06. The injured worker reported symptoms in the back. The injured worker was diagnosed as having post-lumbar laminectomy syndrome, low back pain, and spinal/lumbar degenerative disc disease, spasm of muscle, disc disorder lumbar and lumbar radiculopathy. Treatments to date have included oral pain medication and cane. Currently, the injured worker complains of pain in the back with radiation to the right leg. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirapex 1.5mg tablet 1 tab OD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, Ropinirole, Neuroprotective therapy for Parkinson disease, Restless Leg Syndrome.

**Decision rationale:** MTUS guidelines are silent with regards to Mirapex, so other guidelines were utilized. Mirapex is a dopamine agonist. ODG refers to Ropinirole for Restless Leg Syndrome as a treatment option "(D) Dopamine agonists: Requip (ropinirole), Mirapex (pramipexole). These drugs are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Adverse effects include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation, and peripheral edema." While medical documents do detail muscle spasms and describe radiating pain in the leg, there is no diagnosis or documentation of restless leg syndrome. Medical records do not indicate that first-line treatments were utilized prior to this medication and do not detail an off label use of this medication. As such the request for Mirapex 1.5mg tablet 1 tab OD #30 is not medically necessary.

**Cytomel 25mcg tablet 1 tab OD #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://online.epocrates.com/>; Cytomel (liothyronine).

**Decision rationale:** Epocrates monograph for Cytomel (liothyronine) is listed below. Hypothyroidism [25-75 mcg PO qd] Start: 25 mcg PO qd, incr. 12.5-25 mcg/day q1-2wk; Info: incr. 5 mcg/day q1-2wk in elderly pts; myxedema [50-100 mcg PO qd] Start: 5 mcg PO qd, incr. 5-10 mcg/day q1-2wk until on 25 mcg/day, then incr. 5-25 mcg/day q1-2wk; Info: incr. 5 mcg/day q1-2wk in elderly pts; use IV liothyronine or levothyroxine for myxedema coma/precomanontoxic goiter [75 mcg PO qd] Start: 5 mcg PO qd, incr. 5-10 mcg/day q1-2wk until on 25 mcg/day, then incr. 12.5-25 mcg/day q1-2wk; Info: incr. 5 mcg/day q1-2wk in elderly pts; thyroid suppression test [75-100 mcg PO qd x7 days] Info: check radioactive iodine uptake pre and post tx; >50% suppression of uptake = normal\*depression, adjuvant tx [12.5-25 mcg PO qd] Info: response usually w/in 3wk. The patient is not diagnosed with thyroid disease but is diagnosed with severe depression. The patient is on multiple psychotropic medications and is being cared for by a psychiatrist. It appears that Cytomel is being utilized as an adjuvant treatment for depression. As such the request for Cytomel is medically necessary.

**Oxycodone 15mg tablet Q 4-6 hours PRN for pain #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. 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. As such the question for Oxycodone 15mg tablet Q 4-6 hours PRN for pain #150 is not medically necessary.