

Case Number:	CM15-0080901		
Date Assigned:	05/01/2015	Date of Injury:	03/15/2006
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, 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:

This is a 68 year old male patient who sustained an industrial injury on 3/15/06. He subsequently reported back pain. He sustained the injury due to slipped and fell at home. Diagnoses include post lumbar laminectomy syndrome, low back pain and spinal/ lumbar DDD. Per the doctor's note dated 3/30/15, he had chronic pain at 8/10 with medications. Physical examination of the lumbar spine revealed spasms and tenderness with palpation, decreased range of motion, strength reduced and straight leg raising test was positive on both sides. The medications list includes celebrex, colace, cymbalta, senokot, soma, topamax, oxycodone, xeralto, trazodone, cytomel, mirapex, wellbutrin SR, crestor, exforge, tirosint, edarbi, cymbalta, ibuproprion, levetiracetam and pradaxa. He has undergone lumbar spine surgeries. He has had multiple diagnostic studies including lumbar MRIs and X-rays. He has had physical therapy for this injury. He has had a urine drug screen on 3/30/2015. A request for Mirapex, Cytomel, Xarelto and Oxycodone medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex 1.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18577955>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson MicromedexFDA labeled indication for Pramipexol.

Decision rationale: Request: Mirapex 1.5mg #30. Mirapex contains Pramipexol. According to the Thompson Micromedex FDA labeled indication for Pramipexol includes "Parkinson's disease and primary restless leg syndrome(moderate to severe)." Evidence of Parkinson's disease is not specified in the records provided. Evidence of moderate to severe restless leg syndrome is not specified in the records provided. The medical necessity of Mirapex 1.5mg #30 is not fully established for this patient.

Cytomel 25mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/7205213>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thompson Micromedex FDA labeled indication for liothyronine sodium.

Decision rationale: Request: Cytomel 25mcg #30. Cytomel contains liothyronine sodium. According to the Thompson Micromedex FDA labeled indication for liothyronine sodium includes "Congenital hypothyroidism, Hypothyroidism, Myxedema, Myxedema, Precoma, myxedema coma, Simple goiter, Thyroid uptake with thyroid suppression." Evidence of congenital hypothyroidism, Hypothyroidism, Myxedema, simple goitre or thyroid suppression is not specified in the records provided. Recent lab reports with high TSH or low T3 or T4 were not specified in the records provided. The medical necessity of Cytomel 25mcg #30 is not fully established for this patient.

Xarelto 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23642380>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thompson MicromedexFDA labeled indication for rivaroxaban.

Decision rationale: Request: Xarelto 20mg #30 with 2 refills. Xarelto contains Rivaroxaban. According to the Thompson Micromedex FDA labeled indication for Rivaroxaban includes "Arthroplasty of knee Postoperative deep vein thrombosis; Prophylaxis, Atrial fibrillation,

Nonvalvular Cerebrovascular accident; Prophylaxis Embolism, Systemic; Prophylaxis, Deep venous thrombosis, Treatment and secondary prophylaxis following initial 6 months of treatment, Postoperative deep vein thrombosis; Prophylaxis - Repair of hip, Pulmonary embolism, Treatment and secondary prophylaxis following initial 6 months of treatment." Evidence of deep vein thrombosis, pulmonary embolism is not specified in the records provided. Evidence of a trial fibrillation, recent surgery or cerebrovascular accident is not specified in the records provided. The medical necessity of Xarelto 20mg #30 with 2 refills is not fully established for this patient.

Oxycodone 15mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 124, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 Oxycodone is an opioid analgesic.

Decision rationale: Request: Oxycodone 15mg #150. According to CA MTUS guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. Response to lower potency opioid like tramadol is not specified in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Oxycodone 15mg #150 is not established for this patient at this time.