

Case Number:	CM15-0085163		
Date Assigned:	05/07/2015	Date of Injury:	08/31/2001
Decision Date:	07/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 08/31/2001. The initial complaints or symptoms included low back pain/injury while loading pallets on a truck. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, multiple back surgeries including lumbar fusion, injections, spinal cord stimulator placements and explants. Currently, the injured worker complains of constant low back pain that radiates to both lower extremities with numbness, tingling and weakness in the upper and lower extremities. Current medications include Azor, Lyrica, oxycodone, Soma, Xanax, and Zofran. Upon review of the medical records, It was noted that this injured worker has been taking these medications since 2012. The diagnoses include post laminectomy syndrome of the lumbar spine, lumbar disc displacement without myelopathy and chronic pain syndrome. The request for authorization included medications consisting of oxycodone HCL, Lyrica, Xanax and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycodone HCL 30mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for One (1) prescription of Oxycodone HCL 30mg #120. The Request for Authorization is dated 04/08/15. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, multiple back surgeries including lumbar fusion, injections, spinal cord stimulator placements and explants. The patient is not working. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities". Current medications include Azor, Lyrica, Oxycontin, Soma, Xanax, and Zofran. According to progress report 04/16/15, the patient has had back pain for 15 years which occurs constantly (100% of the time) with no typical pattern. He is unable to work, perform household chores, participate in recreational activities or exercise due to his pain. The patient no longer wants to take 80mg OxyContin and does not want anything stronger. The provider agreed on Oxycodone CR 30mg 3-4 times a day. The provider is attempting to try a new medication as this patient is in pain "100% of the time". Documentation that prior medication did not provide adequate relief has been documented. Initiating a new medication at this time is reasonable and supported by guidelines. This request is medically necessary.

One (1) prescription of Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy drugs (AEDs) Page(s): 191-20.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for One (1) prescription of Lyrica 150mg #60. The Request for Authorization is dated 04/08/15. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, multiple back surgeries including lumbar fusion, injections, spinal cord stimulator placements and explants. The patient is not working. MTUS Guidelines page 19-20 has the following regarding pregabalin-Lyrica, "pregabalin-Lyrica, no generic available, has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both". This patient complains of constant low back pain that radiates to both lower extremities with numbness, and tingling and weakness in the upper and lower extremities. Lyrica has been prescribed since at least 11/08/13. In this case, the patient

has been using Lyrica with no documentation of medication efficacy. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request is not medically necessary.

One (1) prescription of Xanax 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for One (1) prescription of Xanax 1mg #30. The Request for Authorization is dated 04/08/15. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, multiple back surgeries including lumbar fusion, injections, spinal cord stimulator placements and explants. The patient is not working. The MTUS Guidelines, page 24, state, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is risk of dependence". Most guidelines limit use to 4 weeks. Review of the medical file indicates that the patient has been prescribed Xanax since at least 06/10/13. The MTUS Guidelines recommend maximum of 4 weeks due to "unproven efficacy and risk of dependence". Given that this medication has been prescribed for long-term use, continuation of its use cannot be recommended. The requested Xanax is not medically necessary.

One (1) prescription of Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, for pain Page(s): 63-66.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The current request is for One (1) prescription of Soma 350mg #30. The Request for Authorization is dated 04/08/15. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, conservative therapies, multiple back surgeries including lumbar fusion, injections, spinal cord stimulator placements and explants. The patient is not working. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions". This patient complains of constant low back pain that radiates

to both lower extremities with numbness, and tingling and weakness in the upper and lower extremities. Soma was initiated on 12/31/12. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request is not medically necessary.