

Case Number:	CM14-0141449		
Date Assigned:	09/10/2014	Date of Injury:	05/30/2003
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61-year-old male who reported injury on 05/30/2003 of an unspecified mechanism. The injured worker's treatment history included medications, surgery, and a urine drug screen. The injured worker was evaluated on 06/30/2014, when the injured worker complained of chronic, severe multilevel pain related to his history of failed back syndrome. The injured worker reported increased pain and intensity with a pulsing pain that radiated from the neck down to the left shoulder and arm. He noted increased pain with left shoulder movement. He continued to have problems receiving his medications at the pharmacy. These medications keep him functional; without these he would be bedridden. The injured worker reported that the average pain without medication was a 10/10; with medications, it was a 4/10 on the pain scale. The medications prescribed were keeping the injured worker functional, along with included mobility, tolerance of activities of daily living, and home exercise. Physical examination of the lumbosacral spine revealed tenderness to palpation at the paraspinals. Forward flexion was 60 degrees, hypertension was 25 degrees, and right/left lateral bend was 25 degrees. Medications included Ambien CR 12.5 mg, Topamax 100 mg, Celebrex 200 mg, Baclofen 20 mg, Zanaflex 6 mg, oxycodone HCL 10 mg, Avinza 60 mg, and Percocet 10/325 mg. The injured worker's treatment history included status post spinal cord stimulator implant; intervertebral lumbar disc D/O with myelopathy, lumbar region; degenerative lumbar/lumbosacral intervertebral disc; pain in joint, shoulder region; other specified D/O rotator cuff syndrome shoulder and allied D/O; thoracic/lumbosacral neuritis/radiculitis unspecified; lumbago; and post laminectomy syndrome, lumbar region. It was documented that the injured worker had a urine drug screen on 03/10/2014 that was consistent with the drug that was prescribed; however, those results were not submitted for this review. The Request for Authorization dated 07/14/2014 was for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker there was lack of documentation of long-term functional improvement or pain medication management for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for Percocet 10/325 mg # 180 is not medically necessary.

Ambien CR 12.5mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.

Celebrex 200mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs), Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Celebrex is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. In addition, the request for Celebrex did not include the frequency. Given the above, the request for the Celebrex 200 mg, # 60 with 3 refills is not medically necessary.

Baclofen 20mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Baclofen, Page(s): 63&64..

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery's. Baclofen the mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non- FDA approved). Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. The documentation submitted for review failed to indicate how long the injured worker has been taking Baclofen. In, addition, the documents submitted failed to indicate the injured worker conservative outcome measurements such as long-term functional goals for the injured worker. The request failed to indicate frequency and duration of medication. Given the above, the request for Baclofen 20 mg # 90 with 3 refills is not medically necessary.

Zanaflex 6mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommend no sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care. However, the outcome measurements were not provided. Duration of usage could not be determined through submitted documents. The request failed to include duration and frequency of medication. The guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Zanaflex 6 mg # 60 is not medically necessary.

Oxycodone HCl 10mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Oxycodone 10 mg # 240 is not medically necessary.