

Case Number:	CM14-0193882		
Date Assigned:	12/01/2014	Date of Injury:	03/09/2001
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 03/09/01 when, while working as a Senior Executive Assistant, she injured her low back while moving boxes. Treatments included chiropractic care and physical therapy without pain relief. She underwent lumbar spine surgery in December 2006, a second surgery in 2008, and a third surgery in 2009. A spinal cord stimulator was placed in 2010. She was seen by the requesting provider on 05/29/14 and was having bilateral buttock pain radiating into her legs. The pain was rated at 8-9/10 and was increased by the end of the day. She was having progressive lower extremity weakness. She had decreased lumbar spine range of motion with severe muscle spasms. Physical examination findings included severe pain over the sacroiliac joints with positive Gaenslen, Fabere, and sacroiliac joint stress testing. She had decreased lumbar spine range of motion. There was positive straight leg raising producing radicular symptoms. She had a mildly antalgic gait. There was decreased right lower extremity strength. Authorization for a sacroiliac joint injection was requested. Medications included oxycodone, Oxycontin, Norco, Celexa, Valium, gabapentin, glucosamine, phentermine, and vitamins. On 07/03/14 she had worsening pain and her spinal cord stimulator was reprogrammed. The injured worker underwent a right sacroiliac joint injection on 08/27/14. On 10/23/14 there had been 50% improvement and increased range of motion lasting for six weeks after the injection. Authorization for a second injection and for an interferential unit was requested. On 11/13/14 she was having ongoing symptoms and a placement of a percutaneous stimulator was recommended. Neurontin 300 mg #60, oxycodone 20 mg #30, Valium 10 mg #120, Celexa 20 mg #30, and Terocin patch and lotion were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg QD (2 months)#30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76-80 86.

Decision rationale: The injured workers more than 10 years status post work-related injury and continues to be treated for bilateral buttock pain radiating into her legs. Treatments have included multiple spine surgeries and placement of a spinal cord stimulator. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the injured worker's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the injured worker's behaviors, or by physical examination. Her total MED is 120 mg per day, consistent with guideline recommendations. Therefore, the continued prescribing of Oxycodone is medically necessary.

Valium 10mg (2 months) #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/30/14), Anxiety Medications in Chronic Pain

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

Decision rationale: The injured workers more than 10 years status post work-related injury and continues to be treated for bilateral buttock pain radiating into her legs. Treatments have included multiple spine surgeries and placement of a spinal cord stimulator. Valium (diazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. As such, this request is not medically necessary.

Celexa 20mg (2 months) #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: The injured worker more than 10 years status post work-related injury and continues to be treated for bilateral buttock pain radiating into her legs. Treatments have included multiple spine surgeries and placement of a spinal cord stimulator. She has a diagnosis of failed back surgery syndrome. She has a past medical history of osteoporosis without diagnosis of major depressive disorder. Based on the records, this injured worker is being treated with Celexa for chronic pain. Regarding antidepressant for chronic pain, antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Celexa is an antidepressant in the selective serotonin reuptake inhibitor class. In this case, there is no evidence of a trial with failure of a tricyclic medication. Therefore, this request is not medically necessary.