

Case Number:	CM14-0213476		
Date Assigned:	12/30/2014	Date of Injury:	03/30/2000
Decision Date:	02/25/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is a 51 year old male with an injury date of 03/30/00. Per the 11/07/14 report the patient presents with pain returning to the mid-back with burning and tingling into the bilateral legs along with sleep difficulty. Recent reports from 09/05/14 to 11/07/14 do not reveal significant deficiencies on examination. He is permanently disabled due to chronic pain. The patient's diagnoses include: 1. Reflex sympathetic dystrophy of lower limb. 2. Post laminectomy syndrome of the lumbar region. 3. Lumbar or lumbosacral disc degeneration. 4. Pain in thoracic spine. 5. Chronic pain syndrome. 6. Encounter for long-term use of other medications. Botox injections have given the patient 80% relief for 4 months and allow him to get in and out of bed and move with his daily activities. He is s/p lumbar fusion surgery X 13 (dates unknown.) His past medical history is listed as chronic pain syndrome, Insomnia, Myofascial pain, Opiate tolerance and Osteoarthritis. Current medications are listed as Miralax powder packet, Senna Laxative, MS Contin, Pantoprazole, Robaxin, Orphenadreine Er, and Oxycodone HCL. The utilization review is dated 11/19/14. Reports were provided for review from 11/22/13 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg quantity 60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: The patient presents with back pain radiating to the bilateral lower extremities with a burning tingling sensation and sleep difficulties. Pain is constant even with medications. The current request is for Gabapentin 300mg quantity 60 with 2 refills per the 11/10/14 RFA. The 11/19/14 utilization review states this is a prospective request for 11/07/14 to 03/16/15. MTUS has the following regarding Gabapentin (MTUS page 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The 11/07/14 report states, "Will add gabapentin this will decrease his neuropathy and able him to walk longer distances." It appears the patient is just starting this medication. In this case, this medication is indicated as a first line treatment for neuropathic pain that is documented to be present in this patient. The request is medically necessary.

Pantoprazole sod dr 40mg quantity 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with back pain radiating to the bilateral lower extremities with a burning tingling sensation and sleep difficulties. Pain is constant even with medications. The current request is for Pantoprazole sod dr 40mg quantity 30 with 2 refills per the 11/10/14 RFA. The 11/19/14 utilization review states this is a prospective request for 11/07/14 to 03/16/15. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 states Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Pantoprazole is a PPI very similar to Omeprazole. The reports provide show the patient has been prescribed Protonix (Pantoprazole) since at least 11/22/13. No recent reports discuss this medication and its intended use. Reports do not show that the patient is prescribed an oral NSAID or that the patient experiences GI difficulties. Furthermore, no GI assessment is provided as required by MTUS. The request is not medically necessary.

Robaxin 500mg quantity 90 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with back pain radiating to the bilateral lower extremities with a burning tingling sensation and sleep difficulties. Pain is constant even with medications. The current request is for Robaxin 500mg quantity 90 with 2 refills per the 11/10/14 RFA. The 11/19/14 utilization review states this is a prospective request for 11/07/14 to 03/16/15. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Recent reports do not discuss the intended use of this medication; however, it is noted that peripheral muscle relaxants were discussed with the patient including the need for caution regarding side effects. The reports provided show that the patient has been prescribed Robaxin since at least 03/21/14. The 11/07/14 report states that the patient reports the use of his medications produces an appreciable degree of pain relief. In this case the medication is indicated as a second line option for short term treatment of acute exacerbations and use since 03/21/14 and a request for #90 with 2 refills does not indicate short term use. The request is not medically necessary.

Orphenadrine ER 100mg quantity 60 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with back pain radiating to the bilateral lower extremities with a burning tingling sensation and sleep difficulties. Pain is constant even with medications. The current request is for Orphenadrine ER 100mg quantity 60 with 2 refills per the 11/10/14 RFA. The 11/19/14 utilization review states this is a prospective request for 11/07/14 to 03/16/15. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The reports provided do not discuss the intended use of this medication and show it has been prescribed since at least 08/05/14. It is noted that peripheral muscle relaxants were discussed with the patient including the need for caution regarding side effects. The 11/07/14 report states that the patient reports the use of his medications produces an appreciable degree of pain relief. This medication is indicated for short term treatment of acute exacerbations and use since 08/05/14 with the requested additional #180 does not indicate short term use. The request is not medically necessary.

MS contin CR 30mg quantity 90 with 2 refills: 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, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with back pain radiating to the bilateral lower extremities with a burning tingling sensation and sleep difficulties. Pain is constant even with medications. The current request is for MS contin CR 30mg quantity 90 with 2 refills (Morphine Sulfate) per the 11/10/14 RFA. The 11/19/14 utilization review modified this request from 2 refills to 0 refills. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 11/07/14 report states that the patient reports the use of his medications produces an appreciable degree of pain relief. The 06/10/14 report states, " the medications are helpful to him and he is on a stable regimen." "He should not be forced to DC his medications abruptly." "I do feel he will need some type of analgesic medications for the rest of his life. His injury was catastrophic." The reports provided show the patient was prescribed this medication from 09/05/14 to 11/07/14 and as early as 11/22/13. In this case, analgesia is not routinely documented through the use of pain scales or through the use of a validated instrument. The 08/05/14 and other reports present a series of statements including: "Each of these medications relieves my pain such that I can better perform my activities of daily living. When I take these medication (sic) I can do things like cook, clean myself, spend time with my family, and participate in the rehabilitative exercises that have been prescribed by my doctor." It is unclear if the patient signed this statement. Opiate management issues are addressed. The 11/07/14 report states that a sample was collected for UDS, there is no evidence of abuse and the patient is counseled on the use of medications and possible side effects. Other reports show that UDS's were run. In this case, analgesia is documented although pain scales are not used. ADL's are well documented and the patient suffers from CRPS, and continued use of opiates appear reasonable. The request is medically necessary.

Oxycodone HCL 15mg quantity 120 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with back pain radiating to the bilateral lower extremities with a burning tingling sensation and sleep difficulties. Pain is constant even with medications. The current request is for MS contin CR 30mg quantity 90 with 2 refills (Morphine Sulfate) per the 11/10/14 RFA. The 11/19/14 utilization review modified this request from 2 refills to 0 refills. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each

visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 11/07/14 report states that the patient reports the use of his medications produces an appreciable degree of pain relief. The 06/10/14 report states, " the medications are helpful to him and he is on a stable regimen." "He should not be forced to DC his medications abruptly." "I do feel he will need some type of analgesic medications for the rest of his life. His injury was catastrophic." The reports provided show the patient was prescribed this medication from 09/05/14 to 11/07/14 and as early as 11/22/13. In this case, analgesia is not routinely documented through the use of pain scales or through the use of a validated instrument. The 08/05/14 and other reports present a series of statements including: "Each of these medications relieves my pain such that I can better perform my activities of daily living. When I take these medication (sic) I can do things like cook, clean myself, spend time with my family, and participate in the rehabilitative exercises that have been prescribed by my doctor." It is unclear if the patient signed this statement. Opiate management issues are addressed. The 11/07/14 report states that a sample was collected for UDS, there is no evidence of abuse and the patient is counseled on the use of medications and possible side effects. Other reports show that UDS's were run. In this case, analgesia is documented although pain scales are not used. ADL's are well documented and the patient suffers from CRPS, and continued use of opiates appear reasonable. The request is medically necessary.