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| Case Number: | CM14-0214665 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 06/01/1993 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/29/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker (IW) sustained an industrial injury on 06/01/93. He is s/p cervical fusion and lumbar fusion. Clinical course was complicated by development of Brown-Sequard Syndrome. Claimant reported an overuse injury to the shoulders due to having to rely upon his arms to support his body weight due to weakness of the torso and lower extremities. Documented past medical history is positive for hyperlipidemia, hypertension, snoring, viral encephalitis, seizures, diabetes mellitus, enlarged prostate, DJD (degenerative joint disease) of the cervical spine, cervical radiculopathy/radiculitis, myelopathy, Brown Sequard syndrome, peripheral neuropathy, obesity, depression, vitamin B12 deficiency, vitamin D deficiency, dizziness, swelling the the neck/shoulder, onychomycosis of the toenails, history of osteomyelitis in the left great toe requiring surgical debridement, progressive left leg sciatica, dysphagia, bilateral rotator cuff tears, degenerative scoliosis, and severe lumbar stenosis. Office notes documented long-term medication management for chronic pain in the neck, low back and bilateral shoulders. Other treatment has included physical therapy, psychological treatment, and injections. Current medications include oxycodone immediate release, oxycodone extended release, Cymbalta, Lyrica, Celebrex, and tizanidine. Office notes indicate that an intrathecal medication pump has been considered. Compliance monitoring has included drug screens and CURES reports. 06/25/14 office note stated that tizanidine had been helpful in reducing his muscle spasms, but IW reported dizziness with higher doses. He reported that Cymbalta was helping some of his neuropathic pain and depression. In addition to the above medications he was prescribed acidophilus and Miralax. Medication related side effects of dyspepsia and constipation are

documented. 10/24/14 office note stated that IW's dose of OxyContin was reduced from 480 mg following surgery to the current 240 mg daily in addition to medication for breakthrough pain, and that narcotic induced hyperalgesia may be contributing to current pain. Claimant had expressed willingness to reduce opioid usage, but had been unable to do so as an outpatient. Treating physician recommended an inpatient detoxification program to mitigate withdrawal symptoms and to reduce risks given history of labile blood pressure and history of syncope. Medications were refilled and acidophilus was recommended for dyspepsia. 11/21/14 office note stated that medications reduced pain from 9/10 to 4/10 and decreased pain allowed IW to perform light chores around the house and to walk up to 20-30 minutes. Without medication IW had difficulty walking and was bedridden and relying on others. A current medication contract was in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 MG #240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 OF 127.

Decision rationale: MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. IW is currently using opioid dosages well in excess of the maximum of MED (morphine equivalent dosage) of up to 120 mg/day recommended by MTUS. However, MTUS criteria for opioid use for chronic pain appear to be otherwise met. Continuation of the current opioid regimen pending a formal detoxification program is reasonable and medically necessary.

Lyrica 100 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20 OF 127.

Decision rationale: MTUS recommends Lyrica for treatment of neuropathic pain. Based upon documented symptomatic and functional response to the current medication regimen use of Lyrica is reasonable and medically necessary in this case.

Tizanidine 4 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66 OF 127.

Decision rationale: MTUS recommends tizanidine for treatment of spasticity, and notes that there is evidence demonstrating effectiveness for myofascial pain and low back pain. Based upon response to the current medication regimen continued use of tizanidine is reasonable and medically necessary.

Unknown Prescription Acidophilus: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) is silent concerning this request.

Decision rationale: Office notes document a history of gastrointestinal upset with NSAID therapy which was improved following a change to the COX-2 selective NSAID Celebrex. While there is some evidence in animal studies that administration of a probiotic may have some protection for indomethacin-induced dysbiosis, studies showing a similar beneficial effect are lacking in humans. There is insufficient evidence to support effectiveness of acidophilus for this condition, and medical necessity is not established for this request.

Consultation for Inpatient Detoxification: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Opioids, criteria for use Page(s): 32 &.

Decision rationale: For patients receiving chronic opioids, MTUS recommends: "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control." MTUS criteria for inpatient rehabilitation programs state: "They may be appropriate for patients who: (1) don't have the minimal functional capacity to participate effectively in an outpatient program; (2) have medical conditions that require more intensive oversight; (3) are receiving large amounts of medications necessitating medication weaning or detoxification; or (4) have complex medical or psychological diagnosis that benefit from more intensive observation and/or additional consultation during the rehabilitation process." Due to documented large doses of current opioids, IW's motivation to undergo dosage reduction, limited success with previous attempts at outpatient weaning, documented ongoing psychological issues, and complex medical condition, inpatient detoxification is reasonable and medically necessary in this case.

