

Case Number:	CM14-0215722		
Date Assigned:	01/05/2015	Date of Injury:	01/05/2005
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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 & 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 patient is a 57-year-old female with an injury date of 01/05/05. Based on the 11/10/14 progress report provided by treating physician, the patient complains of exacerbation of both neck and back symptoms due to lack of pain medications. Patient is status-post revision extension cervical fusion from C5 to T1 on 10/23/14. It appears that the patient was unable to receive her pain medications post her discharge from the rehab. There is no information available pertaining to the initial administration of Percocet and Robaxin. Lyrica has been included in the progress report dated 10/16/14. Per progress report dated 11/10/14, the treating physician states that it is very difficult to assess her pain levels as she has not had any pain medications and I think it is critical that this patient be allowed to receive her pain medications the treating physician has also expressed concerns regarding the potential occurrence of withdrawal-type symptoms and is considering readmission to the hospital should the need arise. In addition, the Treating physician is also recommending home health aide as the patient is unable to bend, twist, lift, perform ADL's, and clean house. Patient is totally temporarily disabled. Diagnosis 11/10/14 -Cervical pseudarthrosis with adjacent segment disease status post anterior-posterior revision extension fusion C5 to T1; -Remote history of lumbar fusion; the utilization review determination being challenged is dated 12/09/14. Treatment reports were provided from 02/24/14 - 12/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90: 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): 63-66.

Decision rationale: The patient presents with exacerbation of both neck and back symptoms due to the lack of pain medications. The request is for Robaxin 500mg #90. Patient is status-post revision extension cervical fusion from C5 to T1 on 10/23/14. It appears that the patient was unable to receive her pain medications post her discharge from the rehab. There is no information available pertaining to the initial administration of Percocet and Robaxin. Lyrica has been included in the progress report dated 10/16/14. Patient is totally temporarily disabled. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under Antispasmodics for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Treating physician does not elaborate on reasons for prescribing Robaxin. In addition, there is no information available pertaining to the initial administration of Robaxin. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Lyrica 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-20. Decision based on Non-MTUS Citation Pain Chapter, Pregabalin

Decision rationale: The patient presents with exacerbation of both neck and back symptoms due to the lack of pain medications. The request is for Lyrica 75mg #60. Patient is status-post revision extension cervical fusion from C5 to T1 on 10/23/14. It appears that the patient was unable to receive her pain medications post her discharge from the rehab. There is no information available pertaining to the initial administration of Percocet and Robaxin. Lyrica has been included in the progress report dated 10/16/14. Patient's diagnosis on 11/10/14 included cervical pseudarthrosis with adjacent segment disease status post anterior-posterior revision extension fusion C5 to T1 and remote history of lumbar fusion. Patient is totally temporarily disabled. MTUS, page 16-18 Antiepilepsy drugs (AEDs) states Recommended for neuropathic

pain (pain due to nerve damage. MTUS, page 19-20, under specific anti-epilepsy drugs for Pregabalin (Lyrica, no generic available) states this 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. MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for Outcomes of anti-epilepsy drugs states: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The Official Disability Guidelines, state that this medication is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. In this case, per review of medical reports, it does not appear that the patient is presenting with any neuropathic pain or fibromyalgia symptoms indicated for this medication. However, the patient is s/p extension of C-spine fusion and likely suffers from a kind of neuropathic pain due to fundamental changes of the spine, and nerve root irritations. The Treating physician indicates that it has been difficult getting these medications filled and the patient should be allowed a trial period to determine their efficacy. The request is medically necessary.

Home Health Aide twice a week for four weeks, 4 hours a day: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home service Page(s): 51.

Decision rationale: The patient presents with exacerbation of both neck and back symptoms due to the lack of pain medications. The request is for Home Health Aide. Patient is status-post revision extension cervical fusion from C5 to T1 on 10/23/14. The Treating physician is recommending home health aide as the patient is unable to bend, twist, lift, perform ADL's, and clean house. Patient is totally temporarily disabled. MTUS Guidelines page 51 has the following regarding home service, Recommended only for otherwise recommended medical treatment for patients who are home bound on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, the patient is post-op from C-spine fusion and the patient is on a walker. The patient has difficulties with self-care, bending, and performing ADL's. The request for home aid for 4 wks appear medically indicated. The request is medically necessary.

Percocet 10/325mg #120: Overturned

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

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

Decision rationale: The patient presents with exacerbation of both neck and back symptoms due to the lack of pain medications. The request is for Percocet 10/325mg #120. Patient is status-post revision extension cervical fusion from C5 to T1 on 10/23/14. It appears that the patient was unable to receive her pain medications post her discharge from the rehab. There is no information available pertaining to the initial administration of Percocet and Robaxin. Lyrica has been included in the progress report dated 10/16/14. Patient is totally temporarily disabled. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, patient should be assessed at each visit and functioning should be measured at 6-month intervals using the 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. Per progress report dated 11/10/14, the treating physician states that it is very difficult to assess her pain levels as she has not had any pain medications and I think it is critical that this patient be allowed to receive her pain medications. In this case, the patient is post-op and being discharged to home from acute rehab. The Treating physician states that the patient has difficulties with bending, standing and performing ADL's. It does not appear that the patient has had the medications filled either. The guidelines support post-op pain management, and opiates for chronic moderately severe pain. The request is medically necessary.