

Case Number:	CM14-0074600		
Date Assigned:	07/16/2014	Date of Injury:	09/07/2005
Decision Date:	05/29/2015	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/22/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 9/7/05. The injured worker has complaints of low back pain. The diagnoses have included low back pain. Treatment to date has included gabapentin; Cymbalta; butrans patch; Percocet and computerized tomography (CT) scan. The request was for percocet 5/525 mg #120; tizanidine HCL 4 mg #90 with 3 refills and Lyrica 75 mg #180 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/525 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005. He sustained a spinal column fracture at L2 and has cauda equina syndrome. When seen,

there was poor pain control and Butrans and Percocet were prescribed. He had previously been taking tramadol and Percocet at a total MED (morphine equivalent dose) of 60 mg per day. Percocet (oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and his other pain medications were being adjusted. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Percocet was medically necessary.

Tizanidine HCL 4 mg #90 with 3 refills: Overturned

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 (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Tizanidine prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005. He sustained a spinal column fracture at L2 and has cauda equina syndrome. When seen, there was poor pain control and Butrans and Percocet were prescribed. He had previously been taking tramadol and Percocet at a total MED (morphine equivalent dose) of 60 mg per day. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity. In this case, the claimant has a history of a lower lumbar spinal cord injury and likely has a mixed upper and lower motor neuron injury. Tizanidine is appropriate in the management of spasticity due to spinal cord injury and the dose is within that recommended. Therefore, Tizanidine was medically necessary.

Lyrica 75 mg #180 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Antiepilepsy drugs (AEDs), (2) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2005. He sustained a spinal column fracture at L2 and has cauda equina syndrome. When seen, there was poor pain control and Butrans and Percocet were prescribed. He had previously been taking tramadol and Percocet at a total MED (morphine equivalent dose) of 60 mg per day. Antiepilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guidelines recommendations and therefore medically necessary.