

<b>Case Number:</b>	CM15-0119884		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York  
 Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 73 year old male, who sustained an industrial injury on 11/2/2000. The mechanism of injury was not documented. The injured worker was diagnosed as having restless leg syndrome, lumbar spine stenosis with neurogenic claudication, sacroiliac joint dysfunction, lumbar facet arthropathy lumbar radiculopathy, failed back surgery syndrome, thoracic left upper parathoracic facet arthropathy, chronic compression fracture thoracic vertebra, left upper thoracic myofascial pain syndrome, left cervical radiculopathy and cervical degenerative disc disease. Treatment to date has included oral medications including Mirapex 0.75mg, Oxycodone 10mg, Celebrex 100mg, Tylenol, Benazepril 40mg, Aspirin, Diltiazem and Coumadin; lumbar surgery in 2001 and 2002, spinal cord stimulator implant (2006), bilateral sacroiliac joint injections, physical therapy and home exercise program. Currently on May 14, 2015, the injured worker complains of constant, dull, aching, stabbing, cramping, low back and lower extremity with difficulty walking, weakness and spasm. He rates the pain as 8-10 on a good day and 9-10 on a bad day; unchanged from previous visit. Work status is noted to be permanent and stationary. Physical exam performed on May 14, 2015 noted diffuse tenderness of cervical spine, mild diffuse tenderness of thoracic spine and restricted range of motion of lumbar spine with a normal gait. The treatment plan and request for authorization included prescriptions for Oxycodone 20mg, Celebrex 100mg and Mirapex 0.75mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 10mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 92, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to CA MTUS, Oxycodone is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. In addition the beneficiary has utilized Oxycodone since at least December 4, 2014 and documentation notes pain has increased since that time. Medical necessity of the requested item has not been established. His work status is considered permanent and stationary. A urine drug screen performed on April 3, 2015 was consistent with medications prescribed. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Celebrex 100mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-68, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs), Celebrex Page(s): 67-68, 70.

**Decision rationale:** Celebrex is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. Unlike other NSAIDs, Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months. In this case, there is no documentation of the medication's pain relief effectiveness or functional improvement, the injured worker has utilized the medication since at least December 4, 2014 without a decrease in pain or documentation of functional improvement. His work status is considered permanent and stationary. The medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Mirapex 0.75mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 05/05/15) - Online Version Restless leg syndrome (RLS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg: Restless Leg Syndrome.

**Decision rationale:** Mirapex is a Dopamine agonist and ODG recommends Mirapex for patients who have been unresponsive to other treatment for Restless Leg Syndrome. Mirapex is not considered a first line treatment. Adverse effects may include sleepiness, nausea, dizziness, fatigue, insomnia, hallucinations, constipation and peripheral edema. Documentation relief of symptoms of Restless Leg Syndrome was not included. Therefore the request for Mirapex is not medically necessary.