

Case Number:	CM15-0173581		
Date Assigned:	09/15/2015	Date of Injury:	02/24/1997
Decision Date:	11/03/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/03/2015

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: California

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:

The injured worker is a 69 year old female, who sustained an industrial injury on 2-24-1997. The medical records indicate that the injured worker is undergoing treatment for post lumbar laminectomy syndrome, thoracic-lumbosacral neuritis-radiculitis, and lumbago. According to the progress report dated 7-29-2015, the injured worker complains of low back and leg pain, increased right hip pain, and poor sleep quality due to pain. She notes that she gets 2 hours of uninterrupted sleep. On a subjective pain scale, she rates her average pain 9 out of 10, mood 5 out of 10, and functional level 7 out of 10. The physical examination reveals decreased active range of motion in the lumbar spine. She has an antalgic gait, using a 4 prong cane. The current medications are Gralise, Lunesta, Oxycodone, and Senokot-S. There is documentation of ongoing treatment with Oxycodone, Gralise, Lunesta, and Senokot-S since at least 3-11-2015. According to the progress notes, medications trialed and failed include Lunesta (not effective) and Lyrica (leg swelling). Treatment to date has included medication management, X-ray, CT myelogram, MRI studies, and surgical intervention. Employment status is described as "on disability." The original utilization review (8-7-2015) had non-certified a request for Gralise, Senokot-S, Lunesta, Oxycodone, OxyContin, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS states that Gralise is an anti-epilepsy drug which 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. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is documentation of any functional improvement. I am reversing the previous utilization review decision. Gralise 600mg #90 is medically necessary.

Senokot-S: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient was previously provided with a sufficient quantity of narcotics to be weaned from opioids which makes a laxative not medically necessary. The request is non-specific for dose, sig, and amount of medication; consequently, Senokot-S is not medically necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lunesta 3mg #30 is not medically necessary.

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. The patient's current total daily opioid use is above the recommended maximum dose. She is also currently prescribed Nuncynta ER 200mg and oxyContin 20mg. Oxycodone 15mg #120 is not medically necessary.

OxyContin 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends OxyContin for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. The patient's current total daily opioid use is above the recommended maximum dose. She is also currently prescribed Nuncynta ER 200mg and Oxycodone 20mg. OxyContin 20mg #60 is not medically necessary.

Lyrica 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. This patient is currently taking Gralise 600mg. Lyrica 75mg is not medically necessary.