

<b>Case Number:</b>	CM15-0174428		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Arizona, Michigan

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 45 year old female who sustained an industrial injury on 7-21-08. Diagnoses included complex regional pain syndrome; tarsal tunnel syndrome; depression. She currently complains of body tightness and achiness with nerve pain on bilateral arms from the scapula down to the fingers; achy bone pain on her back and shins with muscle spasms from her back to her feet with burning on her feet; memory is getting worse. Her pain level was 4 out of 10 with medications and 10 out of 10 without medications. Medications allow her to do light housework and laundry. On physical exam there was pain and tenderness of the lower lumbar region and lower legs; tenderness in the lumbosacral musculature without myospasms and decreased lumbar range of motion. On 7-2-15 a drug screen was done. Treatments to date include massage therapy; medications: Valium, Reglan, Mirapex, EpiPen, Oxycodone, Brintellix, Restasis, Clonidine, Idrasil. In the progress note dated 7-16-15 the treating provider's plan of care included Valium, Mirapex, oxycodone, Restasis. The request for authorization dated 7-16-15 included Valium 5 mg #60; Mirapex 1 mg #120; oxycodone 10mg #180; Restasis 0.05 #10. On 8-10-15 utilization review evaluated and modified the requests for Valium 5 mg #60 to #34 based on no documentation of symptomatic or functional improvement; oxycodone 10mg #180 to #135 based on no explicit documented functional improvement; utilization review denied Mirapex 1 mg #120 based on use for Parkinson's disease and restless leg syndrome and medical necessity not established; Restasis 0.05 #10 based use is for chronic dry eyes disease and medical necessity not established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Mirapex 1mg #120 Rx 7/16/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date / Mirapex (Pramipexole).

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of this medication, therefore other guidelines were consulted. Per Up-to-date Pramipexole is an Anti-Parkinson's Agent / Dopamine Agonist, however a review of the injured workers medical records that are available for my review do not reveal a clear rationale for the use of this medication, neither was there any documentation of improvement in symptoms with its use, without this information it is not possible to determine medical necessity, therefore the request for Mirapex 1mg #120 Rx 7/16/15 is not medically necessary.

**Oxycodone 10mg #180 Rx 07/16/15:** 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:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me do not reveal documentation of improvement in pain or function with the use of oxycodone, the ongoing management actions as required by the guidelines were also not documented. Without this information it is not possible to establish medical necessity, therefore the request for Oxycodone 10mg #180 Rx 07/16/15 is not medically necessary.

**Restasis 0.05% #10 Rx 7/16/15:** 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 UpToDate / Restasis.

**Decision rationale:** The MTUS /ACOEM and ODG did not address the use of Restasis, therefore other guidelines were consulted. Per Up-to-date Restasis is Calcineurin Inhibitor/ Immunosuppressant Agent. However a review of the injured workers medical records that are available for my review do not reveal a clear rationale for the use of this medication, neither was there any documentation of improvement in symptoms with its use, without this information it is not possible to determine medical necessity. Therefore the request for Restasis 0.05% #10 Rx 7/16/15 is not medically necessary.

**Valium 5mg #60 Rx 07/16/15:** 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): Benzodiazepines.

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines, long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks, tolerance to all of its effects develop within weeks to months, and long-term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records that are available to me do not reveal a clear rationale for the use of this medication, neither was there documentation of an improvement in pain and function with the use of this medication therefore the request for Valium 5mg #60 Rx 07/16/15 is not medically necessary.