

Case Number:	CM15-0044565		
Date Assigned:	03/16/2015	Date of Injury:	11/02/2000
Decision Date:	05/29/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 73-year-old male, who sustained an industrial injury on November 2, 2000. He has reported lower back pain, leg pain, and difficulty walking. Diagnoses have included lumbar spine stenosis, sacroiliac joint dysfunction, lumbar facet arthropathy, right lumbar spine radiculopathy, failed back surgery syndrome, thoracic facet arthropathy, thoracic spine compression fracture, cervical spine radiculopathy, cervical spine degenerative disc disease, and myofascial pain syndrome. Treatment to date has included medications, lumbar spine surgery, spinal cord stimulator, physical therapy, epidural steroid injection, and sacroiliac joint injection. A progress note dated February 12, 2015 indicates a chief complaint of lower back pain, leg pain, and difficulty walking. The treating physician documented a plan of care that included continued home exercise program, heat, stretches, medications, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2000. He continues to be treated diagnoses including failed back surgery syndrome. The requesting provider also documents a history of restless leg syndrome. Other treatments have included injections, medications, physical therapy, and a spinal cord stimulator. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone is medically necessary.

Celebrex 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 67-70.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2000. He continues to be treated diagnoses including failed back surgery syndrome. The requesting provider also documents a history of restless leg syndrome. Other treatments have included injections, medications, physical therapy, and a spinal cord stimulator. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. The claimant is over 65 years old and guidelines recommend prescribing a selective COX- 2 medication such as Celebrex. The maximum dose is 200 mg per day. In this case, the requested dose is in within guideline recommendations and therefore is medically necessary.

Mirapex 0.75mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mirapex prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2000. He continues to be treated diagnoses including failed back surgery syndrome. The requesting provider also documents a history of restless leg syndrome. Other treatments have included injections, medications, physical therapy, and a spinal cord stimulator. Mirapex is a non-ergot dopamine agonist indicated for the treatment of Parkinson's disease and moderate-to-severe primary restless legs syndrome (RLS). In this case, the claimant has a history of RLS with positive response to the medications being prescribed. Therefore, the continued prescribing of Mirapex is medically necessary.