

Case Number:	CM15-0047216		
Date Assigned:	04/14/2015	Date of Injury:	04/26/1993
Decision Date:	05/28/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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, Public Health & General Preventive 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 57 year old male, who sustained an industrial injury on 04/26/1993. Diagnoses include long term (current) use of other medications and lumbar disc degeneration. Treatment to date has included lumbar spine surgery (undated), physical therapy, diagnostics, activity modification and medications. Per the [REDACTED] Report dated 02/12/2015, the injured worker reported low back pain and worsening neck pain. He reports that the pain is reduced with medications significantly to help him function during the day. Pain was rated at 5/10 at its best and 10/10 at its worst on 10/30/2014. Physical examination revealed right shoulder tenderness. The cervical spine exam revealed moderately severe radiation and tenderness. Left and right lateral cervical rotation was reduced due to pain. Lumbar spine evaluation revealed tenderness on the left side of the hip/pelvis. There was severe tenderness and spasm present on the right and left paraspinal muscles and bilateral facet joints. Straight leg raise was negative. The CURES report was described as normal. The plan of care included medications and authorization was requested for Roboxin, Neurontin, Oxycontin, Oxycodone, Provigil, Flector patch, Ibuprofen, Cymbalta, Penicillin and Amoxicillin. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon examination. The guidelines do not support long term use of muscle relaxants. The request for Robaxin 750 mg with 2 refills would not be supported. In addition, there is no frequency listed in the request. Given the above, the request is not medically necessary.

Neurontin 600mg #120 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state gabapentin is recommended for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication. However, there is no documentation of objective functional improvement. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

OxyContin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Oxycodone 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication. There is no documentation of objective functional improvement. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Provigil tablets x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

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

Decision rationale: According to the Official Disability Guidelines, Provigil is FDA approved for the treatment of narcolepsy. Prescribers using Provigil for sedation effects of opiates should consider reducing the dose of opiates prior to adding a stimulant. In this case, the injured worker has continuously the above medication. There is no evidence of uncontrollable narcolepsy or sleep apnea. There is also no mention of functional improvement with the prior use of this medication. There is no indication that the treating physician has attempted to decrease the amount of opioids. In addition, there was no strength, frequency, or quantity listed in the request. Given the above, the request is not medically necessary.

Flector patch 1.3% #60 x 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. The injured worker has continuously utilized the above medication. There

is no documentation of objective functional improvement. There is also no evidence of a failure of first line oral medication prior to the initiation of a topical product. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically necessary.

Ibuprofen tablets x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized the above medication. There is no documentation of objective functional improvement. The guidelines do not support long term use of NSAIDs. There is no strength, frequency, or quantity listed in the request. Given the above, the request is not medically necessary.

Cymbalta #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state Cymbalta is used off label for neuropathic pain and radiculopathy. It is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. The injured worker has continuously utilized the above medication. However, there is no documentation of objective functional improvement. The request as submitted also failed to indicate a strength and frequency. As such, the request is not medically necessary.

Penicillin V Potassium: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease Chapter, Penicillin (Veetids).

Decision rationale: According to the Official Disability Guidelines, penicillin is recommended as a first line treatment for osteomyelitis, chronic bronchitis, and erysipelas. In this case, the

injured worker has complaints of chronic pain. However, there is no mention of an infection or a risk for an infection. The medical necessity for the requested medication has not been established. There is also no strength, frequency, or quantity listed in the request. As such, the request is not medically necessary.

Amoxicillin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's drug consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Disease chapter, Amoxicillin (Amoxil).

Decision rationale: According to the Official Disability Guidelines, amoxicillin is recommended as a first line treatment for cellulitis and other skin and soft tissue infections. In this case, the injured worker does not appear to meet criteria for the requested medication. The medical necessity has not been established. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically necessary.