

Case Number:	CM15-0064756		
Date Assigned:	04/10/2015	Date of Injury:	06/06/2006
Decision Date:	05/14/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, Illinois

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 55 year old female, who sustained an industrial injury on 6/6/2006. She reported pain in her low back radiating down the right leg after falling backwards. Diagnoses have included right sacroiliac joint pain, central disc protrusion at L3-L4, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar post-laminectomy syndrome, lumbar disc protrusion and lumbar stenosis. Treatment to date has included lumbar surgery, physical therapy, acupuncture, epidural steroid injection and medication. According to the progress report dated 3/17/15, the injured worker complained of bilateral low back pain radiating to the right buttock. Current medications included MSContin, Oxycodone, Xanax, Cymbalta and Zolpidem. Physical exam revealed tenderness to palpation of the lumbar paraspinal muscles. Bilateral lower extremity range of motion was restricted by pain. Lumbar range of motion was restricted by pain. Authorization was requested for Keflex, MSContin and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 6/6/2006. The medical records provided indicate the diagnosis of included right sacroiliac joint pain, central disc protrusion at L3-L4, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar post-laminectomy syndrome, lumbar disc protrusion and lumbar stenosis. Treatment to date has included lumbar surgery, physical therapy, acupuncture, epidural steroid injection and medication. The medical records provided for review do not indicate a medical necessity for Oxycodone 10mg #120 with 2 refills. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. When used for more than 6- months, the MTUS recommends documentation of pain and functional improvement comparing to baseline. Also, to review the diagnosis, medications and other treatments that were started after introduction of the opioid. The records indicate this worker has been on opioids since 2011; the worker was being treated with Ibuprofen and Neurontin but there was no documentation of when these safer drugs were discontinued and why; there was no documentation of the pain and functional improvement compared to the baseline. The MTUS does not recommend opioids as first line drug due to several side effects following long term use, including hyperalgesia, immunological and endocrine problems. Furthermore, the records indicate her urine drug screen was noted to contain hydrocodone, a controlled substance that had not been prescribed recently. The presence of an unaccounted controlled substance or illegal drug in the drug screen, on itself is an indication for discontinuation of opioid treatment. The request, therefore, is not medically necessary.

MS Contin 60mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 6/6/2006. The medical records provided indicate the diagnosis of included right sacroiliac joint pain, central disc protrusion at L3-L4, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar post-laminectomy syndrome, lumbar disc protrusion and lumbar stenosis. Treatment to date has included lumbar surgery, physical therapy, acupuncture, epidural steroid injection and medication. The medical records provided for review do not indicate a medical necessity for MS Contin 60mg #90 with 2 refills. The MTUS recommends the use of the lowest dose of opioids

for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. When used for more than 6- months, the MTUS recommends documentation of pain and functional improvement comparing to baseline. Also, to review the diagnosis, medications and other treatments that were started after introduction of the opioid. The records indicate this worker has been on opioids since 2011; the worker was being treated with Ibuprofen and Neurontin but there was no documentation of when these safer drugs were discontinued and why; there was no documentation of the pain and functional improvement compared to the baseline. The MTUS does not recommend opioids as first line drug due to several side effects following long term use, including hyperalgesia, immunological and endocrine problems. Furthermore, the records indicate her urine drug screen was noted to contain hydrocodone, a controlled substance that had not been prescribed recently. The request, therefore, is not medically necessary.

Keflex 500mg #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Infectious disease chapter, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Infectious Diseases Cephalexin (Keflex®)).

Decision rationale: The injured worker sustained a work related injury on 6/6/2006. The medical records provided indicate the diagnosis of included right sacroiliac joint pain, central disc protrusion at L3-L4, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar post-laminectomy syndrome, lumbar disc protrusion and lumbar stenosis. Treatment to date has included lumbar surgery, physical therapy, acupuncture, epidural steroid injection and medication. The medical records provided for review do not indicate a medical necessity for Keflex 500mg #24. The MTUS is silent on it. The Official Disability Guidelines recommends Keflex (Cephalexin) Is first-line treatment for cellulitis and other skin infections, or as empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*. The records do not indicate the injured worker has a skin infection; however, the utilization review report states it is for an unspecified procedure. The requested treatment is not medically necessary until the procedure has been determined to be medically necessary.