

Case Number:	CM15-0070576		
Date Assigned:	04/20/2015	Date of Injury:	11/02/2000
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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, California

Certification(s)/Specialty: Family Practice

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 11/02/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having restless leg syndrome, lumbar spine stenosis with neurogenic claudications, sacroiliac joint dysfunction, lumbar facet arthropathy, right lumbar radiculopathy, failed back surgery syndrome, left upper parathoracic, thoracic facet arthropathy, chronic compression fracture of the thoracic vertebra, left upper thoracic myofascial pain syndrome, left cervical radiculopathy, cervical degenerative disc disease, and status post spinal cord stimulator implantation. Treatment to date has included above listed procedures, home exercise program, use of heat, and medication regimen. In a progress note dated 02/12/2015 the treating physician reports complaints of constant, dull, aching, throbbing, stabbing, and cramping pain to the lower back and lower extremity with significant difficulty walking and weakness. The injured worker has a current pain rating of a six on a good day and a nine on a bad day and has a previous rating of a five on a good day and a nine on a bad day. The treating physician requested the medications of Oxycodone Hydrochloride 10mg with a quantity 150, Celebrex 100mg with a quantity 60 with two refills, and Mirapex 0.75mg with a quantity 30 with two refills, but the documentation provided did not indicate the specific reasons for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride 10mg quantity 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80; 92; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for an unknown length of time. Attempt at a lower dose or Tylenol/Tricyclic use was not mentioned. The claimant's pain level was high and no indication of improved function over time while used in combination with Celebrex. Continued use of Oxycodone is not substantiated and not medically necessary.

Celebrex 100mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 70.

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

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. In addition, the request for 2 advanced refills without knowing future pain response is not justified. The Celebrex is not medically necessary.

Mirapex 0.75mg quantity 30 with two refills: Upheld

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, Restless Leg Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA website- Feb 2012 Mirapex indications.

Decision rationale: Mirapex is approved and indicated for Parkinson's and Restless Leg Syndrome. The claimant had a diagnosed of restless leg syndrome but response to medication and symptomatology were not described. There is no indication or prediction of future medical response to determine necessity for 3 months. The Mirapex as prescribed above is not medically necessary.