

Case Number:	CM15-0079213		
Date Assigned:	04/30/2015	Date of Injury:	02/17/2006
Decision Date:	06/30/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 58 year old female, who sustained an industrial injury on 2/17/06. The injured worker was diagnosed as having degenerative thoracic/thoracolumbar disc, lumbago, unspecified myalgia and myositis, degenerative lumbo/lumbosacral intervertebral disc, post-cervical fusion syndrome, post lumbar fusion syndrome and thoracic/lumbosacral radiculitis. There are associated diagnoses of sleep dysfunction, depression and anxiety disorder. Treatment to date has included multiple spinal fusions, cane for ambulation, oral medications including opioids. Currently, the injured worker complains of mid/low back with right leg pain, tingling of right side and bilateral hip and neck pain. The injured worker notes Norco is not as helpful for her pain and increase in Cymbalta dose is working well for her, also leg jerking/spasm is severe without the requip. Physical exam noted tenderness to palpation over the right SI joint, mildly antalgic gait, right leg pain to foot with numbness and weakness and neck is stiff with minimal range of motion. The treatment plan included continuation of OxyContin, Methadone, holding of Norco, a trial of Oxycodone, continuation of Soma, Gabapentin, Cymbalta, Ambien, Celebrex, Lorzone, Linzess and Requip. The 2/19/2015 UDS was noted to be consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is utilizing multiple long and short acting opioids, muscle relaxants and other sedative medications concurrently. There are documentations of adverse effects associated with the use of high doses of opioid medications. There is no documentation of serial CURES reports, absence of aberrant behavior and objective indications of functional restoration. The criteria for the use of oxycodone 15mg #120 was not met. The requests is not medically necessary.

Celebrex 200mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiac and cardiovascular complications in the elderly and patient with pre-existing conditions. The records indicate that the patient reported significant pain relief and functional restoration with utilization of Celebrex. There was no reported adverse effect. The criteria for the use of Celebrex 200mg QTY 60 was met. The request is not medically necessary.

Linzess 145 ugm QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis against constipation can be initiated and continued during chronic opioid treatment. It is recommended that the initial prophylaxis measures are increased fluid and fiber intake and utilization of first line medications. The records did not show that prophylaxis measures including reduction in opioid dosage was implemented. There is no documentation of the patient failed treatment with first line laxatives and stool softeners. The criteria for the use of Linzess 145mg #30 was not met. The request is not medically necessary.

Requip 1 mg QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental illness and Stress Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines did not specifically address the indications for the use of Requip. The FDA indicates that Requip can be utilized in the treatment of restless leg syndrome in a patient with chronic pain syndrome. The records did not specify the indications for the utilization of Requip. There is no documentation of functional restoration with medications utilization. The criteria for the use of Requip 1 mg QTY 30 was not met. The request is medically necessary.