

Case Number:	CM14-0143407		
Date Assigned:	09/10/2014	Date of Injury:	12/14/2000
Decision Date:	10/20/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 had a work related injury on 12/14/00. Mechanism of injury was not described. Most recent clinical documentation submitted for review was 08/27/14. The injured worker rated her pain with medication 5/10 and 10/10 without. No new problems or side effects. Quality of sleep was poor. Activity level remained the same. Current medication Keppra, Oxycontin 40mg tablets, oxycontin 60mg tablets Amlodipine, Bupropion, Lisinopril, Citalopram. An MRI of lumbar spine in 2006 essential stable appearance of lumbar spine from prior study with mild changes of degenerative disc disease. There was stable mild bilateral facet degenerative joint disease at L5-S1. There was carpal tunnel release on 02/16/06, and carpal tunnel release on 10/11/05 of the right wrist. There were epidural steroid injections on 02/27/03 and 05/30/02. No signs of meningitis. Lumbar spine palpation, paravertebral muscles, tenderness and tight muscle band on both sides. She could walk on heels, toes, lumbar facet loading positive on left. Straight leg raise test positive bilaterally. Faber test positive. Inspection of both wrist joints revealed surgical scars, Tinel sign positive. There was tenderness to palpation over radial and ulnar side. 4/5 left ankle dorsiflexor plantarflexor, knee extensor and flexor. Light touch sensation decreased over medial calf, lateral calf, and medial thigh, lateral thigh on left. Deep tendon reflexes brachial radial and triceps reflexes and knee and ankle jerk 2/4 on both sides. Diagnosis: neck pain, low back pain, lumbar spine degenerative disc disease. Prior utilization review on 08/23/14 Keppra, oxycontin 40mg were denied, oxycontin 60mg was modified to initiate weaning. Current request was for Keppra 500mg #60. Oxycontin 40mg #60. Oxycontin 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keppra 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anti-epilepsy drugs (AEDs) for pain

Decision rationale: The request for Keppra 50mg #60 is not medically necessary. The clinical documentation does not show any functional improvement on this medication. Further there is no documentation that the injured worker has failed first line AED's such as gabapentin, and lyrica. Therefore medical necessity has not been established.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Prior utilization review on 08/23/14, oxycontin 40mg was denied. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

Oxycontin 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear

documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Prior utilization review on 08/23/14, oxycontin 60mg was modified to initiate taper. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.