

Case Number:	CM13-0012509		
Date Assigned:	12/27/2013	Date of Injury:	04/10/1991
Decision Date:	04/16/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/12/2013

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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in New York. 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:

Lyrica (pregabalin) is indicated for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. This medication is off-label for the treatment of back pain. Patient is also on Gralise (gabapentin), and there is no medical necessity to take two medications of this class simultaneously. There is no discussion in the medical records regarding improvement in pain or function on these medications. The request is non certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92.

Decision rationale: Patient is already on Norco, which is a combination of hydrocodone and acetaminophen. Both Norco and Percocet (oxycodone and acetaminophen) are short-acting opioid and non-opioid analgesics that are indicated for the treatment of breakthrough pain and acute exacerbations of pain. There is no medical necessity to take two such similar medications at the same time. The MTUS Guidelines (page 78) recommend ongoing monitoring and

documentation of pain relief, functional status, appropriate medication use, and side effects. Specific functional goals are not discussed in the progress notes. There appears to be compliance with random drug testing. Records of failure of non-opioid therapy were not available for review; the records date to July 2012 but the date of industrial accident was 1991. An adverse effect of opioids, severe xerostomia requiring dental surgery, was documented. Treatment plans discussed in the progress note mainly refer to corticosteroid injections and dental surgery, but do not discuss efforts to taper or wean from opioids. The request is non certified.

ANAPROX DS 550MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-98.

Decision rationale: Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) and according to the guidelines, NSAID's should be used for short-term treatment of lower back pain, including exacerbations of pain, as a second line after acetaminophen. This patient has chronic pain. In addition, she has a history of gastritis and is at risk for adverse GI events with the use of NSAID's. The request is non certified.

XANAX SR 1 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax (Alprazolam) is a benzodiazepine and its FDA labeled indications are for treatment of anxiety. The MTUS section on benzodiazepines states that they are not recommended for long term use because long-term efficacy is unproven and they have a risk for dependence. A more appropriate treatment for anxiety disorder is an antidepressant. The request is non certified.

ADDERAL 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, 2012, www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Adderall (dextroamphetamine) is indicated for the treatment of attention deficit disorder. There is no documentation in the medical records that this patient has ever been diagnosed with attention deficit disorder. Adderall is not medically necessary. It is not discussed

in the Chronic Pain Medical Treatment Guidelines. It is not discussed in the Official Disability Guidelines. The request is non certified.

DENDRACIN TOPICAL CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dendracin topical cream is a compounded product. The MTUS guidelines state that compounded medications are not recommended. There are few randomized clinical trials to determine their efficacy and safety. Any compounded drug or drug class that contains at least one drug (or drug class) that is not recommended is not recommended. Dendracin contains methyl salicylate and capsaicin; capsaicin is recommended only as an option for patients who have failed or are intolerant to other treatments. It also contains benzocaine, a topical anesthetic which is not FDA approved in this formulation. The request is non certified.

ACTIQ 800MCG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and treatments Page(s): 12.

Decision rationale: Actiq (oral transmucosal Fentanyl citrate) is approved for the treatment of breakthrough cancer pain in opioid-tolerant patients and as an adjunct in general anesthesia. It is not indicated for the treatment of chronic pain and it has a black box warning for abuse potential. The request is non certified.

LYRICA 75MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 99.

Decision rationale: Lyrica (pregabalin) is indicated for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. This medication is off-label for the treatment of back pain. Patient is also on Gralise (gabapentin), and there is no medical necessity to take two medications of this class simultaneously. There is no discussion in the medical records regarding improvement in pain or function on these medications. The request is non certified.