

Case Number:	CM13-0014117		
Date Assigned:	10/03/2013	Date of Injury:	03/19/1997
Decision Date:	01/24/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 physician 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 patient is a 49-year-old male who suffers from intractable low back pain that radiates down his legs due to an injury received on 03/19/1997. On 03/12/2013, the patient underwent a bilateral laminectomy and partial facetectomy for decompression of the spinal canal and nerve roots at the L2 and L3 level, microsurgical technique with pedicle screw instrumentation at L2-3 with bilateral posterolateral fusion, fluoroscopic monitoring, pedicle screw stimulation studies with NuVasive EMG monitor, and continuous monitoring. On 04/18/2013, the patient was seen again with complaints of low back pain down to his knees. The physician noted this was acute surgical postop pain, recent revision with his spinal surgeon in the bay area. Subsequently, the patient was diagnosed with having failed back surgery syndrome with re-fusion of the lumbar spine and improvement in the lower extremity pain and activity. The patient has been utilizing several different oral medications to help and try improving his pain and discomfort, as well as improving his functional ability. The patient is also using a spinal cord stimulator as a means to help decrease his discomfort. At this time, the physician is requesting MSIR 30 mg, a total of 180; Lyrica 150 mg with 3 refills; Neurontin 300 mg, a total of 30 with 3 refills; Celebrex 200 mg; and a generator replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Regarding the first request for MSIR 30 mg with a total of 180, according to the documentation, the patient has been taking MSIR since at least 04/2013 at 30 mg 6 times a day. The documentation following that, up through 07/25/2013, does not note any significant decrease in pain in regards to the use of this medication. As noted under California MTUS Guidelines, patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal "hyperalgesic," a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids, in this case, actually increase rather than decrease sensitivity to noxious stimuli. It is important, therefore, to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. The doctor is not requesting an increase in the dosage; however, there is evidence of possible opioid tolerance or possibly even hyperalgesia in the case of this patient. Due to the overall lack of objective information pertaining to the efficacy of the use of the Norco over this expansive treatment, the medical necessity is unclear in the case of this patient due to the continuous pain not being relieved by the use of the medication. There was only one statement made on 08/21/2013 that the chronic opioid therapy gave him 80% relief. However, the rest of the documentation does not provide an ongoing log of the effectiveness of his oral medications. Therefore it is unclear if the 80% pain relief was a one-time thing. As such, the requested service cannot be warranted at this time without sufficient information for ongoing efficacy of the medication.

Lyrice 150mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: Under California MTUS, pregabalin, otherwise known as Lyrice, is listed under the anti-epilepsy drugs, otherwise known as AEDs. This medication is often used for the treatment of neuropathic pain due to nerve damage. Under the outcome headline, a good response to the use of AEDs has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. The documentation provided for review does not provide an accurate percentage of response to the use of pregabalin by the patient. The patient has been utilizing the medication since at least 04/2013; however, the documentation does not give any indication that the medication has been effective at reducing the patient's neuropathic pain at this time. The handwritten documents are very unclear, as they are of poor quality. Therefore, it makes them difficult to read. As such, if the objective measurements were documented by hand on some of these clinical notes, they are illegible and unable to be reviewed. At this time, the

requested service cannot be warranted without having sufficient objective information indicating the medication has been effective in reducing the patient's pain. Therefore, at this time, the requested service is non-certified.

Neurontin 300mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

Decision rationale:

Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Under California MTUS Guidelines, it states that anti-inflammatories are the first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The patient has been utilizing this medication for several months, with no consistent objective measurements providing the efficacy towards the pain reduction. There was only one statement made on 08/21/2013 that the chronic opioid therapy gave him 80% relief. However, the rest of the documentation does not provide an ongoing log of the effectiveness of his oral medications. Therefore it is unclear if the 80% pain relief was a one-time thing. Furthermore, the physician has failed to include the total number of tablets he is requesting. Therefore, at this time, the requested service cannot be warranted without the sufficient information pertaining to both the efficacy towards pain reduction, as well as the completed prescription for the medication. As such, the requested service is non-certified.

Generator replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: California MTUS and ACOEM both do not address the replacement of this equipment. However, due to the patient's need for a generator to help run his spinal cord stimulator, the requested service would be deemed medically necessary in this case of this patient. Therefore, the requested service is certified.