

Case Number:	CM13-0014979		
Date Assigned:	10/04/2013	Date of Injury:	07/30/2005
Decision Date:	01/24/2014	UR Denial Date:	07/25/2013
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 Internal Medicine, has a subspecialty in Pulmonary Disease, and is licensed to practice in California. 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 42-year-old female who reported an injury on 07/30/2005. The mechanism of injury was noted to be a slip and fall. The patient's symptoms are noted to be pain in the neck, pain of both shoulders, both arms, low back pain, recurrent headache, and radiation of pain from her back to both legs, right worse than left. It was noted in a 06/26/2013 office note that the patient's pain management care was not effective and surgery was recommended for her cervical spine and low back. At a visit dated 08/07/2013, it was noted that the patient stated she does not wish to have surgery to her cervical spine or low back. She was noted to have sensory deficits to her bilateral upper extremities and a recommendation was made for electrodiagnostic studies. At her 09/18/2013 visit, it was noted that she had herniated nucleus pulposus of the low back, bilateral shoulder pain, left elbow pain, herniated nucleus pulposus of the cervical spine, and depression. It was noted again that the patient does not want surgery. A recommendation was made for psychiatric care, dental care, pain management, and a neurosurgery consult. In a 10/03/2013 note, it was noted that the patient was having flare ups of her low back pain with radiculopathy to both legs. Recommendation was made for her to followup with her psychiatrist. It was stated again that the patient did not want surgery, she also did not want epidural steroid injections as they were noted to be ineffective and it was stated that she does not need followup with pain management or a neurosurgery consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-epilepsy drugs .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pregabalin (Lyrica®), and Section Anti-epilepsy Drugs (AEDs) Page(s): 99, 16-18.

Decision rationale: The MTUS guidelines indicate that Lyrica has been documented to be effective in the treatment of diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The guidelines also indicate that anti-epilepsy drugs are recommended for neuropathic pain. The guidelines further indicate that a good response to the use of anti-epilepsy drugs has been defined as 50% reduction in pain. If the patient is noted to have less than a 30% reduction in pain, it is recommended that they be switched to a different first line agent or combination therapy may be indicated. The documentation submitted for review failed to include a recent medication list. Therefore, it is unknown what other agents may be used in combination with Lyrica. Additionally, the documentation provided did not show whether the employee had at least a 30% reduction in pain in order to warrant continued therapy with Lyrica. Therefore, the request for Lyrica 50mg is non-certified.

Nucynta ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use for a therapeutic trial of opioids. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Criteria for Use, On-going management Page(s): 78.

Decision rationale: The MTUS guidelines indicate that for the ongoing management of patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. Additionally, detailed documentation of the 4 A's for ongoing monitoring is required. The 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. This detailed documentation required by the guidelines was not provided in the medical records. With the absence of the employee's outcome with use of an opioid medication, side effects, aberrant drug taking behaviors, and other required documentation, the request is not supported. Therefore, the request for Nucynta ER 100mg is non-certified.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS guidelines indicate that proton pump inhibitors are indicated for patients who take non-steroidal anti-inflammatory drug (NSAID) medications and are at risk for gastrointestinal events. Patients at risk for gastrointestinal events include patients over the age of 65 years old, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID medications. As a current medication list was not provided in the medical records, it is unknown whether the employee is currently using an NSAID medication. Additionally, there is no documentation of risk factors for gastrointestinal events. For these reasons, the request for Prilosec 20mg is non-certified.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants (for pain). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The MTUS guidelines indicate that muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically, tizanidine is noted to be an antispasmodic drug that is FDA approved for the management of spasticity and for unlabeled use for low back pain. It notes that 8 studies have demonstrated efficacy for low back pain, and 1 study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. Therefore, the authors of that study recommend its use as a first line option to treat myofascial pain. The documentation submitted for review did not show that the employee had a diagnosis of myofascial pain syndrome. Without this diagnosis, the use of tizanidine is not supported. For this reason, the request for Tizanidine 4mg is non-certified.

Trial Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for use for a therapeutic trial of opioids. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Criteria for use, Therapeutic Trial of Opioids Page(s): 76-77.

Decision rationale: The MTUS guidelines indicate that for a therapeutic trial of opioids, detailed documentation needs to include whether there are reasonable alternatives to treatment, and whether those have been tried, whether the patient is likely to improve, if there were trials of other treatments, including non-opioid medications, whether there is likelihood of abuse or an adverse outcome, any red flags indicating that opioids may not be helpful, and any inconsistencies identified in the patient's history, presentation, or behaviors. Additionally, there

should be an attempt to determine if the pain is nociceptive or neuropathic, it needs to be determined whether there are underlying contributing psychological issues, it needs to be noted that the patient had previously failed a trial of non-opioid analgesics, and goals should be set where the continued use of opioids should be contingent on meeting the goals. Additionally, documentation should include baseline pain and functional assessments including social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating system. As the documentation submitted for review failed to include this detailed documentation required by the guidelines prior to a trial of opioid medications, the request is not supported. Therefore, the request for Trial Ultram 50mg is non-certified.

Continue psych treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Psychological treatment Page(s): 100-105.

Decision rationale: The MTUS guidelines indicate that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain should include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and post-traumatic stress disorder. The Guidelines further state that psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The employee was noted to have had a psychological evaluation on 09/06/2013 and a diagnosis of depression was noted. However, there was no recommendation for treatment included in the evaluation. With the absence of a plan for psychiatric treatment including the frequency needed and goals for therapy, the request is not supported by guidelines. Therefore, the request for continue psych treatment is non-certified.