MAXIMUS Federal Services

Case Number:	CM13-0018824		
Date Assigned:	10/11/2013	Date of Injury:	07/19/2012
Decision Date:	03/04/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/30/2013

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, 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 46-year-old female who sustained an occupational injury on 7/19/2012. The patient has been treated for headache symptoms, and neck and low back pain, and her working diagnoses are neck and low back sprain/strain. The patient presents for follow-up with complaints of worsening pain secondary to poor sleep hygiene. The patient indicates that her Lunesta was previously unapproved; however, Ambien was approved. The patient indicates that she is unable to tolerate the use of Ambien secondary to a history of sleepwalking and cooking while asleep, which resulted in burns. The patient states that, without Lunesta, she is unable to fall asleep or stay asleep, which results in increased pain and anxiety levels. Objective documentation on that date reveals an antalgic gait with limited range of motion of the neck and shoulders at end point of range. She has 5/5 right and 4/5 left lower extremity strength. The patient has tenderness in the cervical spine and lumbar spine. She has decreased sensation to light touch on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Lyrica 100ng: 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): 98.

Decision rationale: The California MTUS indicates that Lyrica and other anti-epilepsy drugs are recommended for neuropathic pain. The patient indicated on 8/1/13 that the use of Lyrica decreases her level of shaking. The patient's diagnoses include left sacroiliac joint dysfunction, chronic cervical sprain/strain, and chronic lumbar sprain/strain. The patient's subjective complaints lack any components suggestive of radiculopathy in her upper or lower extremities. Objective documentation indicates that the patient has limited range of motion with an antalgic gait, but is able to transfer without assistance. The patient's range of motion is limited at the shoulders, with 5/5 right and 4/5 left lower extremity strength. In addition, the patient does have some decreased sensation to light touch on the left to right. Guideline criteria specifically indicate the use of Lyrica is for the treatment of neuropathic pain; however, there is no evidence that the patient has subjective complaints of pain of neuropathic origin. Additionally, the patient reported use of Lyrica to control the level of her shakes; this is not a recognized indication for use and, as such, cannot be supported. The continued use of Lyrica is not supported and, therefore, cannot be certified.

60 Amrix 15mg: 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): 63-66.

Decision rationale: The California MTUS indicates that muscle relaxants are cautiously recommended for use as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, guidelines indicate that while they may be effective in reducing pain and muscle tension and increasing mobility in most low back pain cases, they showed no benefit beyond NSAIDs in pain and overall improvement and no additional benefit was shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of these medications may lead to dependence. Records indicate that the patient has been utilizing this medication for greater than six months. Despite the patient's complaints of chronic low back pain, the continued use of Amrix cannot be supported. Therefore, this request is not certified.

120 Topamax 25mg: 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): 21.

Decision rationale: The California MTUS indicates that Topamax, an antiepileptic medication, has been shown to have variable effects with failure to demonstrate efficacy in neuropathic pain of central etiology. It is only considered for use in neuropathic pain when other anticonvulsants fail. In addition to the fact that the use of Topamax is not recognized by guideline criteria for the treatment of headaches, there is also a lack of documentation found in the patient file that this medication has been specifically reviewed with the patient to determine the level of pain relief and improvement in function, as well as documentation of side effects, which is required in the guidelines for ongoing use of antiepileptic medications. Given the above, the request for this medication cannot be supported and is, therefore, non-certified.

Butrans patches 10mcg/hr #4: 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): 26-27.

Decision rationale: The California MTUS indicates that the use of Buprenorphine (Butrans) is recommended for the treatment of opioid addiction. It is also a recommended option for chronic pain, especially after detoxification of patients who have a history of opiate addiction. Guidelines also indicate that ongoing management for the use of chronic opioids must be documented in regards to pain relief, functional status, appropriate medication use, and side effects. The documentation provided for review lacks evidence to support the long term use of Butrans patches. There is no evidence in the patient's recent clinic visits with physical exam that any of the 4 A's have been reviewed or documented. As such, the continued use of this medication cannot be supported and is, therefore, non-certified at this time.