

Case Number:	CM13-0020462		
Date Assigned:	10/11/2013	Date of Injury:	12/16/2003
Decision Date:	01/15/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Ohio 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 41 year old male who reported injury on 12/16/2003. The patient was injured while attempting to stabilize someone that was falling. The patient was noted to have complex regional pain syndrome (CRPS) and opioid induced hyperalgesia. The request was made for Methadone HCL 5mg dispensed on 6/5/13, Morphine sulfate 15mg dispensed on 6/5/13, Cyclobenzaprine 10mg dispensed on 6/14/13 and Lyrica 100mg dispensed on 5/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg dispensed 6/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 75, 78 and 95.

Decision rationale: California Pain Medical Treatment Guidelines recommend methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk and that for on-going management there should be documentation of the 4 A's, analgesia, activities of daily living, adverse side effects and aberrant drug behavior. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. The most recent clinical

note of 03/27/2013 revealed the patient was on methadone. The patient was noted to have low back pain that was moderate, right upper extremity pain that was frequent and achy and was moderate to severe, and right leg and hip pain that was burning. The medications were noted to alleviate that pain. The patient was diagnosed with opioid induced hyperalgesia. Opioid hyperalgesia is an indication to stop using opioids per the guidelines. However, clinical documentation failed to provide the patient had documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug behavior. Given the above and the lack of exceptional factors, the request for methadone hydrochloride 5mg dispensed 06/05/2013 is not medically necessary.

Morphine sulfate 15mg dispensed on 6/5/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 83 and 95.

Decision rationale: California Pain Medical Treatment guidelines recommend Morphine sulfate for the treatment of severe pain. Clinical documentation submitted for review failed to provide the efficacy of the requested medication and also the necessity for 2 different pain medications. Additionally, the Guidelines recommend documentation of the 4 A's, analgesia, activities of daily living, adverse side effects and aberrant drug behavior for on-going management. The most recent clinical note of 03/27/2013 revealed the patient was on methadone. The patient was noted to have low back pain that was moderate, right upper extremity pain that was frequent and achy and was moderate to severe, and right leg and hip pain that was burning. The medications were noted to alleviate that pain. The patient was diagnosed with opioid induced hyperalgesia. Opioid hyperalgesia is an indication to stop using opioids per the guidelines. However, the clinical documentation failed to provide the patient had documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug behavior. Given the above, and the lack of exceptional factors, the request for morphine sulfate 15 mg dispensed 06/05/2013 is not medically necessary.

Cyclobenzaprine 10mg dispensed on 6/14/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: California Pain Medical Treatment guidelines state that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The clinical documentation

submitted for review indicated the patient's most recent evaluation was on 03/27/2013 and failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for ongoing therapy with the requested medication. Given the above, the request for cyclobenzaprine 10 mg dispensed 06/14/2013 is not medically necessary.

Lyrica 100mg dispensed on 5/24/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 95 and 99.

Decision rationale: California Pain Medical Treatment Guidelines indicate that Lyrica is recommended for neuropathic pain. The clinical documentation submitted for review indicated the patient had an examination on 03/27/2013. The patient was noted to have low back pain that was moderate, right upper extremity pain that was frequent and achy and was moderate to severe, and right leg and hip pain that was burning. The medications were noted to alleviate that pain. The patient was diagnosed with opioid induced hyperalgesia. Opioid hyperalgesia is an indication to stop using opioids per the guidelines. Clinical documentation submitted for review failed to provide the efficacy of the specific requested medication and it failed to include exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for Lyrica 100 mg dispensed 05/24/2013 is not medically necessary.