MAXIMUS Federal Services

Case Number:	CM13-0024401		
Date Assigned:	11/20/2013	Date of Injury:	05/07/2004
Decision Date:	02/18/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 62 year old injured worker presented with neck, low back and bilateral knee pain following a work related injury on 5/7/2004. The pain is associated with numbness in the fingers. The claimant reports that the pain is7/10 with medications and 9/10 without medications. The claimant's medications include Lyrica 150mg BID for neuropathic pain, Hydrocodone, Nucynta 100mg q 4 hours, Zanaflex 4 mg TID, Elavil 25 mg po qhs for insomnia, Cidaflex, Medrox patches and Cyclobenzaprine. The claimant had a urine drug screen on 05/28/2013 that was positive for Pregabalin and hydrocodone but negative for amitriptyline and cyclobenzaprine. The claimant was diagnosed with neck pain, cervical radiculitis, right knee internal derangement s/p total knee replacement, lumbar radiculitis, chronic pain syndrome, chronic pain-related depression, chronic-pain related insomnia, tension headaches, myofascial syndrome and neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse Page(s): 108.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines suggest that all patient receiving opioids for chronic pain non-malignant pain should be tested twice yearly, once during January-June and another time July-December. Cautionary red flags of potential opioid abuse are if the patient has a history of alcohol or substance abuse, active alcohol or substance abuse, borderline personality disorder, mood disorders or psychotic disorders, non-return to work for over 6 months or poor response to opioids in the past. Cautionary red flags of addiction would include adverse consequences of decreased functioning, observed intoxication, negative affective state or any impaired control over medication used. If greater than six months has passed since the last urine drug screen then the claimant requires another. In this case the claimant meets MTUS guidelines. The request for 1 urine drug screen is medically necessary and appropriate.

1 prescription of Lyrica 150mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: Per the California MTUS, Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The claimant was not diagnosed with diabetic neuropathy or postherpetic neuralgia. There is also no documentation that the claimant has failed other first line AEDs. The request for 1 prescription of Lyrica 150mg, quantity 60, is not medically necessary and appropriate.

1 prescription of Cidaflex, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Glucasomine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). Exploratory analyses suggest that the combination of glucosamine and chondroitin sulfate may be effective in the subgroup of patients with moderate-to-severe knee pain. (Clegg, 2006) In a recent meta-analysis, the authors found that the apparent benefits of chondroitin were largely confined to studies of poor methodological quality, such as those with small patient numbers or ones with unclear concealment of allocation. The claimant

had knee replacement surgery and there is not further documentation of severe osteoarthritis or improvement on this medication. The request for 1 prescription of Cidafes, quantity 90, is not medically necessary and appropriate.

1 prescription of Elavil 25mg, quantity 60: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: According to the California Chronic Pain Medical Treatment Guidelines Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The claimant only reported an improvement from 9/10 to 7/10 with pain medications and continued to complain of insomnia. The MTUS guidelines recommend the continuation of treatment unless ineffective or poorly tolerated. The claimant did not display efficacy with this medication, therefore the request cannot be supported. The request for 1 prescription of Elavil 25mg is not medically necessary and appropriate.

1 prescription of Norco 10/325mg, quantity 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): 79.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. The request for Norco 10/325mg, quantity 180, is not medically necessary and appropriate.