

Case Number:	CM13-0025552		
Date Assigned:	03/03/2014	Date of Injury:	12/12/2006
Decision Date:	04/22/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 expert 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:

This patient is a 52-year-old male with date of injury of 12/12/2006. Per treating physician's report 08/13/2013, presenting symptoms are right shoulder, right-sided neck, right thumb pain with intermittent headaches. The listed diagnoses were: (1) Cervical radiculopathy status post C5-C6, C6-C7 cervical fusion, (2) Right carpal tunnel syndrome status post CTR, (3) Right lateral epicondylitis, (4) Chronic pain syndrome, (5) Tension headaches, (6) Chronic pain-related insomnia, (7) Myofascial pain, (8) Neuropathic pain, (9) Narcotics dependence, (10) Chronic pain-related depression. In this report, the patient's pain level is rated at 4/10 and with medications, it is 4/10; without medications, 4/10 to 5/10. Urine drug screen was from 07/09/2013 positive for pregabalin and oxycodone. The treatment recommendations state that the patient ran out of BuTrans patch and was having more pain and the patient was to call the office for refills. Metaxalone was denied due to lack of documentation of muscle spasm and the treater states that the patient experiences muscle spasm during flareups and uses the muscle relaxer on as needed basis. No physical examination was provided on this report. I have another report on 07/09/2013 where the patient's level of pain was 7/10, with medications 4/10, without medications 8/10 to 9/10. Under treatment, the patient was not able to refill his BuTrans patch and only had Percocet for pain and needed to take additional Percocet. BuTrans patch work better for him. Reaction to Zanaflex and to start metaxalone. The patient was to remain off of work. Report from 05/22/2013 states that the patient experiences good pain relief with BuTrans which was increased to 20 mcg last visit. This was a patient phone consultation documentation. Report 05/16/2013 has pain going on 5/10 with medications, 8/10 to 9/10 without medications. The patient is "doing well." 03/17/2013 report is an initial evaluation by [REDACTED]. Patient's presenting symptoms were right wrist pain at 6/10, neck pain at 8/10. Patient's medication lists

were Ambien, Valium, Plavix, lisinopril, aspirin, and omega fish. The patient was unable to work regularly since 2009 and is motivated to return to work. Initial plan was to obtain random urine drug screen, baseline functional capacity, DNA testing for opioid use, cervical spine MRI, right elbow steroid injection, Nucynta, Lyrica, trazodone, Medrox patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF LYRICA 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA) Page(s): s 60-61.

Decision rationale: This patient presents with chronic neck, shoulder, and upper extremity pain with history of right carpal tunnel release and cervical fusion from C5 to C7. The treating physician has prescribed Lyrica 150 mg #60. MTUS Guidelines state that Lyrica is effective in treatment with diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indication and is considered first-line treatment for both. This medication is also being considered by FDA as treatment for a generalized anxiety disorder, social anxiety disorder, and also approved treatment for fibromyalgia. MTUS Guidelines page 60 also require documentation of pain assessment and function for medication use in chronic pain. In this case, there is documentation of neuropathic pain and pain-related depression and anxiety for which Lyrica may be indicated. However, none of the reports reviewed from 03/17/2013 to 08/13/2013 discuss efficacy of this particular medication. The treating physician does not mention how this medication is helping this patient in terms of pain reduction and improvement in function. MTUS Guidelines require discussion regarding each medication for documentation of efficacy; without which, ongoing use could not be authorized. Recommendation is for denial.

1 PRESCRIPTION OF PERCOCET 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON LONG-TERM OPIOIDS USE Page(s): s 88-89.

Decision rationale: This patient presents with chronic neck, shoulder upper extremity pain with history of cervical fusion from C5 to C7. The treating physician has prescribed Percocet and based on numerical values documented, it appears to be helping. Several of the reports indicate the pain level goes down from 8/10 to 9/10 to 4/10. However, most of the pain reduction is attributed to BuTrans. When the patient stopped BuTrans, there was not an appreciable change in pain levels. 08/13/2013 report, for example, has the patient's pain level going from 4/10 to 5/10 to 4/10 without BuTrans. The patient does appear to be experiencing reduction of pain compared

to baseline. When patient presented initially, 03/17/2013, the pain level was at 6/10 to 8/10, and with use of BuTrans and perhaps Percocet, pain level appears to have come down to 4/10, although average pain level is reported at 6/10 to 7/10. MTUS Guidelines require variety of different documentations for ongoing use of opiates. There are requirements of 4 documentations for 4 A's (analgesia, activities of daily living, adverse effects, adverse behavior). In this patient, urine drug screens were documented in couple of different visits and patient does not appear to be experiencing any significant side effects. Unfortunately, none of the reports document patient's activities of daily living or functional level as related to chronic opiates use. MTUS Guidelines also require documentation of pain and function compared baseline. Function should be measured using numerical scale at least once every 6-month interval or use of validated instrument to denote patient's function. Under outcome measures, it further requires average pain, time it takes for medication to work, duration of pain relief from use of medications, et cetera. In this patient, unfortunately, none of the reports describe patient's functional level as related to use of medications, although pain levels are well documented. Given the lack of documentation regarding patient's activities of daily living, change in work status, return to work, recommendation is for denial.

6 WEEK RENTAL OF VQ ORTHOSTIM 4 UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NEUROMUSCULAR ELECTRICAL STIMULATION Page(s): s 114-121. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NEUROMUSCULAR ELECTRICAL STIMULATION, PAGE 114-121

Decision rationale: There is a request for Orthostim4 which is a high-volt pulsed current stimulation and neuromuscular electrical stimulation used for pain. Sometimes, it is described as a high voltage TENS unit along with electrical muscle stimulation. The request was 6-week rental of this unit. Despite review of reports from 03/07/2013 to 08/13/2013, I was not able to find a progress report specifically discussing this prescription. MTUS Guidelines page 121 states under neuromuscular electrical stimulation that this is not recommended other than for rehab following stroke. It states that, "There is no evidence to support its use in chronic pain." Given that Orthostim4 unit contains muscular electrical stimulation, the unit cannot be recommended for authorization, the unit is not consistent with MTUS Guidelines. Recommendation is for denial.