

Case Number:	CM13-0030872		
Date Assigned:	11/27/2013	Date of Injury:	01/15/2002
Decision Date:	10/09/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Rehabilitation 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 is a 75-year-old male with a 1/15/02 date of injury. A specific mechanism of injury was not described. According to a 5/29/14 progress report, the patient stated that he was "very bad". Objective findings: patient uses a cane, sitting, standing, and walking are tolerated for 10 to 20 minutes, other findings limited to vital signs. Diagnostic impression: lumbar spondylolisthesis with low back pain, chronic opioid therapy, poor functional status. Treatment to date: medication management, activity modification. A UR decision dated 9/17/13 denied the requests for Lyrica, Kadian, and Flector patches. Regarding Lyrica, the records do not document a significant reduction in pain relief and functional improvement resulting from long-term use. Regarding Kadian, a review of the available clinical records does not document a significant reduction in reported pain or an increase in functional ability as a result of the long-term opioid use. The records indicate that multiple reviews have recommended the non-certification of opioids since 4/2013. Regarding, Flector patches, due to the lack of objective improvement resulting from previous use and the lack of support for use longer than two weeks, the request is not congruent with current treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Kadian 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted that UR decisions dating back to 4/2013 have recommended weaning this patient off of opioid medications. There is no documentation that the provider has addressed the issue of weaning. However, given the 2002 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Therefore, the request for 30 Kadian 30mg is not medically necessary.

60 Lyrica 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregalin(Lyrica).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 20.

Decision rationale: MTUS states that Lyrica 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the most recent reports reviewed, there is no documentation that the patient has a neuropathic component to his pain. A specific rationale identifying why this patient requires this medication was not provided. Therefore, the request for 60 Lyrica 75mg is not medically necessary.

30 Flector Patches 3% with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector patch; FDA (Flector Patch).

Decision rationale: MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of

adverse effects from oral NSAIDs. There is no documentation that the patient has had a trial and failed first-line NSAIDs. In addition, there is no documentation that the patient is unable to tolerate oral medications, in fact, he is currently taking other oral medications. Furthermore, the patient has been using Flector on a chronic basis, not for an acute condition. Therefore, the request for 30 Flector Patches 3%, With 3 Refills is not medically necessary.