

Case Number:	CM13-0041556		
Date Assigned:	12/20/2013	Date of Injury:	11/06/2006
Decision Date:	09/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Management 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:

The injured worker is a 44-year-old female who sustained injuries on November 6, 2006 to her left lower extremity. She was diagnosed with complex regional pain syndrome (reflex sympathetic dystrophy), left lower extremity exacerbation; neuropathic pain left upper extremity/shoulder blade; sprain and strain of the left greater than right wrist, lumbar spine, knees and ankles; status post left knee arthroscopy with partial lateral meniscectomy and lateral retinacular release exacerbation; tension headache and migraine headaches; sleep impairment; depression with anxiety and panic attacks; spinal cord stimulator implantation; iatrogenic gastritis; and nausea and vomiting associated with pain medications and migraine headaches. As per medicals dated October 2, 2013, the injured worker reported that her pain medications and muscle relaxants were relieving her pain which allowed her to go out or go to the hairdresser, wash and fold laundry, and set up dinner table. She has been using a cane at home and a walker when outside. Thoracolumbar examination revealed limited range of motion due to pain. Severe paraspinal spasms, left side greater than right were noted. Tenderness was noted over the left scapula. Hyperesthesia was also noted over the left mid thoracic region. Upper extremity examination revealed slight puffiness on the dorsum of the left wrist. Lower extremities examination revealed hyperesthesia and allodynia on light touch of the left leg. There is +1 edema in the left foot and ankle. Increased tone and spasticity of the left side greater than right was noted. Patchy decreased temperature sensation and light touch was noted in the upper and lower extremities in a non-dermatomal distribution. Ankle reflexes were noted at 1+. This is a review regarding Lyrica 150 milligrams twice daily #60 with four refills, Percocet 10/325 milligrams twice daily #60 with four refills, Oxycontin 20 milligrams twice daily #60 with four refills, Topamax 100 milligrams twice daily #60 with one refill, and Baclofen 10 milligrams every three hours as needed #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LYRICA 150MG BID #60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 99 Antiepilepsy drugs (AEDs), page 16-18 Page(s): 16-18, 99.

Decision rationale: Lyrica is an antiepilepsy drug and is recommended for neuropathic pain. In line with this, evidence-based guidelines state that neuropathic pain is specifically characterized to help distinguish itself from nociceptive pain (e.g. lancinating, electric shock-like, paroxysmal, tingling, numbing, and burning sensation). Moreover, Lyrica is specifically indicated for conditions such as diabetic neuropathy, fibromyalgia, and postherpetic neuralgia. Based on the documentation presented, the injured worker did not show the specific characteristics unique to neuropathic pain, and did not exhibit any of the aforementioned conditions. In addition, a side effect of this medication is edema, and based on the most recent medicals, she has +1 edema of the left foot and ankle. Based on this clinical information, the request is not medically necessary.

PRESCRIPTION OF PERCOCET 10/325 TWICE A DAY #60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75.

Decision rationale: According to the evidence-based guidelines, on-going management of chronic pain with opioid medications is approved if there is documentation of overall improvement in pain levels and functioning, documentation of misuse of medications, use of drug screening, continuing review of overall situation with regard to non-opioid means of pain control, and if there are indications of extenuating circumstances. Review of this injured worker's medicals show no quantified measures as a part of the objective findings and it is noted that the injured worker has been doing the same activities as per medicals dated June 10, 2013 through October 2, 2013. There were no indications of further functional improvement apart from the reported activities, there is no documentation of the use of urine drug screening and there are no indications of extenuating circumstances. Based on this information, the request is not medically necessary.

PRESCRIPTION OF OXYCONTIN 20 MG TWICE A DAY #60 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

Decision rationale: Oxycontin is an opioid medication. Evidence-based guidelines mention that ongoing management of chronic pain with opioid medications is acceptable if there is documentation of overall improvement in pain levels and functioning, documentation of misuse of medications, use of drug screening, continuing review of overall situation with regard to non-opioid means of pain control and if there are indications of extenuating circumstances. Review of this injured worker's medicals show no quantified measures as part of the objective findings and it is noted that the injured worker has been doing the same activities as per medicals dated June 10, 2013 through October 2, 2013. There were no indications of further functional improvement apart from the reported activities, there is no documentation of the use of urine drug screening and there are no indications of extenuating circumstances. Based on this information, the request is not medically necessary.

PRESCRIPTION OF TOPAMAX 100MG TWICE A DAY #60 WITH 1 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: Topamax (Topiramate) as an antiepilepsy drug that is recommended for neuropathic pain with central etiology. It is considered only when other anticonvulsants have failed. Evidence-based guidelines state that neuropathic pain is specifically characterized to help distinguish itself from nociceptive pain (e.g. lancinating, electric shock-like, paroxysmal, tingling, numbing, and burning sensation). This medication has been previously and consistently denied by the utilization review body. Based on the information presented, the injured worker did not show any specific characteristics unique to neuropathic pain, and did not exhibit any of the aforementioned conditions. There is also no evidence that other anticonvulsants have failed. Based on this clinical information, the request is not medically necessary.

PRESCRIPTION OF BALCOFEN 10MG QH3 PRN #30 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Baclofen (Lioresal) is a sedating muscle relaxant classified under antispasticity drugs that is indicated to decrease spasticity in conditions such as cerebral palsy,

multiple sclerosis, and spinal cord injuries (upper motor neuron syndromes). Evidence-based guidelines indicate and recommend non-sedating muscle relaxants with causation as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker has been using this sedating muscle relaxant on a long-term basis, which greatly exceeds the recommendations of the guidelines. Based on this information, the request is not medically necessary.