

Case Number:	CM13-0045738		
Date Assigned:	12/27/2013	Date of Injury:	09/26/2012
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 and rehabilitation, has a subspecialty in neuromuscular medicine and is licensed to practice in Maryland. 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 was injured on 09/26/12 while unloading 60 gallon buckets of cement from the bed of a truck and stacking them underground. He began developing lower back pain after unloading 25 buckets with tightness in the low back mostly on the right side and it slowly radiated to the right leg. This review addresses whether Soma, Percocet, Lyrica are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 one tablet up to QID as needed for breakthrough pain, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) P. 79-80;75;91;11-12;78. Page(s): 9792.20 - 9792.26, page(s) P. 7.

Decision rationale: For Percocet 10/325 one tablet up to q.i.d. as needed for breakthrough pain, qty: 60 for pain is not medically necessary per MTUS guidelines. Documentation submitted does not include "The "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled

drugs." Furthermore, documentation submitted indicates that there has been no significant increase in function and significant decrease in pain in this patient on prior opioids therefore ongoing opioid treatment is not medically appropriate. Per guidelines, opioids should be discontinued "If there is no overall improvement in function, unless there are extenuating circumstances."

Soma 350mg one BID as needed for muscle spasm, # 60, refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle relaxants page(s) p. 63,65. Page(s): 63, 65.

Decision rationale: Soma 350mg one b.i.d. as needed for muscle spasm, quantity: 60, refills: 3: is not necessary per MTUS guidelines. Although patient has spasms documented on clinical exam the MTUS does not recommend this medication for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain. Documentation does not show an acute exacerbation and quantity requested is for greater than a 2-3 week period. MTUS guidelines state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Furthermore, per the MTUS, "According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." For these reasons Soma is not medically necessary.

Lyrica 75mg one tablet BID for one week and then two tablets thereafter for chronic radicular pain, # 120, refills: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 16-20;99. Page(s): 9792.20 - 9792.26, page(s) 16-20;99..

Decision rationale: : Lyrica 75mg one tablet b.i.d. for one week and then two tablets thereafter for chronic radicular pain; quantity: 120, refills: 3: is not medically necessary per MTUS guidelines as written. Documentation indicates patient failed Gabapentin (once daily dosing). The MTUS states that "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). (Gilon, 2006) (Wolfe, 2004)." Guidelines state that in regard to AED "It has been reported that a 30%

reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." It would be reasonable in this patient who failed Galise to switch to Lyrica but the quantity requested is not medically appropriate. Guidelines recommend monitoring after initiation of Lyrica: "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." It would be medically inappropriate to give a patient this quantity without knowing the effect of the medication on the patient's function, pain, or an adverse effects it may cause.