

Case Number:	CM13-0070598		
Date Assigned:	01/08/2014	Date of Injury:	09/10/2011
Decision Date:	06/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational Medicine 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 patient is an employee of [REDACTED] and has submitted a claim for post laminectomy syndrome of the lumbar region, spinal stenosis of the lumbar region and thoracic or lumbosacral neuritis or radiculitis, unspecified associated with an industrial injury date of September 10, 2011. Treatment to date has included oral analgesics, physical therapy, lumbar spine injections, and lumbar spine surgeries. Medical records from 2013 were reviewed and showed low back pain graded 7/10 radiating to the bilateral lower extremities with numbness, tingling, and weakness. This was associated with walking, standing, and prolonged weight-bearing activity. Physical examination showed limitation of motion of the lumbar spine due to pain; a positive straight leg raise bilaterally at 30-45 degrees; and mild to moderate spasms of the bilateral paraspinal muscle with positive twitch response. Diagnoses include post laminectomy syndrome of the lumbar region, spinal stenosis of the lumbar region and thoracic or lumbosacral neuritis or radiculitis, unspecified. The patient was prescribed with gabapentin for neuropathic pain, however due to intolerable adverse effects, was switched to Lyrica 75mg qhs as far back as August 17, 2013. Pain medications were reported to provide functional improvement and 50% pain relief. It was noted on a progress report on November 5, 2013 that the dosage and frequency of Lyrica intake was increased to 100mg BID due to unspecified reason. The patient has undergone several lumbar spine surgeries, and a progress report on September 18, 2013 noted possible hardware malposition; hence CT scan of the lumbar spine was requested. Fentanyl patch 25 mcg q72 hrs was also used as far back as July 26, 2013 to improve function and to minimize short acting narcotic usage. Utilization review dated December 13, 2013 denied the request for CT scan of the lumbar spine due to no reported history of neurologic deficit and no mention of a routine X-ray being done. The requests for Fentanyl patch 25 mcg #10 and Lyrica 100mg #60

were modified to Fentanyl patch 25 mcg #6 and Lyrica 10mg #30 due to no defined functional gain from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, CT (computed tomography).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Low Back Chapter, CT (computed tomography) was used instead. The guideline recommends CT scans to evaluate successful spine fusion if plain x-rays do not confirm it. In this case, the patient has undergone several lumbar spine surgeries and a CT scan was requested to evaluate the spinal hardware and ensure no pseudoarthrosis is increasing the pain symptoms. However, there was no evidence that a lumbar x-ray was done to evaluate this initially. The guideline states that CT scan is recommended when x-rays are non-confirmatory. The guideline criteria were not met. Therefore, the request for CT scan of the lumbar spine is not medically necessary.

FENTANYL PATCH 25MCG #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, DURAGESIC(FENTANYL TRANSDERMAL SYS), 44,47 Fentanyl pages 76-80; Opioids, Criteria for Use pages 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §9792.20 - 9792.26 Page(s): 44.

Decision rationale: Page 44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the patient has been using fentanyl patches as far back as July 2013. However, there was no evidence of overall pain improvement and functional gains derived from its use. Moreover, there was no objective evidence of failure of first-line treatment such as oral pain medications and physical therapy that would warrant its use. The medical necessity has not been established. Therefore, the request for FENTANYL PATCH 25MCG #10 is not medically necessary.

LYRICA 100MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN, ANTI-EPILEPSY DRUGS (AEDS), 16.

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

Decision rationale: Page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that AEDs are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Pregabalin (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. In this case, the patient has been taking gabapentin for neuropathic pain; however this was subsequently switched to Lyrica due to its intolerable side effects. The patient was taking Lyrica 75mg qhs as far back as August 2013 and reported functional improvements and 50% pain relief from its use together with other pain medications. Guideline criteria have been met therefore, the request for LYRICA 100MG #60 is medically necessary.