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| Case Number: | CM14-0001827 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 06/16/2005 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/06/2014 |

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 60-year-old female with a reported date of injury on 06/16/2005. The mechanism of injury was not submitted with the medical records. The operative report dated 04/25/2013, the injured worker underwent right knee arthroscopy and partial medial and lateral meniscectomies and chondroplasty undersurface of the patella and medial femoral condyle and medial tibial plateau. The progress note dated 06/25/2013 from a psychiatrist noted the injured worker had diagnoses including major depressive disorder with elements of PTSD, pain disorder, and rule out post concussion syndrome. The progress note dated 07/31/2013 listed the diagnoses as fusion of C3 to C6 and C4-5 radiculopathy, and meniscal tear to the right knee. . The progress note dated 10/07/2013 noted the injured worker's medication regimen included Cymbalta, Prozac, methadone, Norco, and Lyrica. The progress note dated 12/02/2013 reported the injured worker was having ongoing persistent debilitating low back pain. The progress note also reported the provider was going to increase the injured worker's methadone from 20 mg to 30 mg per to be given 10mg 3 times per day. The progress note dated 10/07/2013 noted the injured worker's medication regimen included Cymbalta, Prozac, methadone, Norco, and Lyrica. The request of authorization form was not submitted within the medical records. The request was for alprazolam XR #60, Lyrica 75 mg #90, hydrocodone/APAP 10/325 mg #120, and methadone 5 mg #120 to help with the injured worker's mood and ability to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALPRAZOLAM XR # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Page(s): 24.

Decision rationale: The request for Alprazolam XR #60 is not medically necessary. The injured worker had been taking this medication for over 6 months. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines limit the use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic anticonvulsant, and muscle relaxant. The guidelines also state chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker has both psychological conditions as well as physical conditions due to pain and depression. The physician's rationale for the request is unclear for the use of this medication. There was a lack of documentation regarding the efficacy of this medication as well. The continued usage of this medication would exceed the guideline recommendations. Additionally, the requesting physician did not specify the dosage of the Alprazolam XR #60 being requested. Therefore, the request is not medically necessary.

LYRICA 75 MGM # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Anti-epilepsy Drugs Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Anti-epilepsy Drugs Page(s): 19.

Decision rationale: The request for Lyrica 75 mg #90 is not medically necessary. It was noted the injured worker has been taking Lyrica for radiculopathy. The California MTUS Guidelines state Lyrica has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia. The provided documentation indicated that the injured worker has decreased her pain medication. However, there is a lack of documentation regarding significant functional improvements using Lyrica 75mg three times a day. The frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary.

HYDROCODONE/APAP 10/325MG # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, on-going manag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, on-going management and chronic pain Page(s).

Decision rationale: The request for hydrocodone/APAP 10/325 mg #120 is not medically necessary. The injured worker has been taking hydrocodone/APAP for over 6 months. The

California MTUS Guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). The guidelines also state there are not trials of long-term use. The guidelines state hydrocodone/APAP appears to be efficacious but limits for short-term pain relief and long-term efficacy is unclear (greater than 16 weeks) for chronic back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the last reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decrease in pain, increased level of function, or improved quality of life. The injured worker has been on this medication for over 6 months and there is a lack of documentation regarding the efficacy of Norco 10/325mg four times a day as evidenced by significant functional improvement. There is also a lack of documentation indicating a full pain assessment was performed. The frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary.

METHADONE 5 MGM # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, on-going.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Opioids, on-going management and chronic pain, P.

Decision rationale: The request for methadone 5 mg #120 is not medically necessary. The injured worker has been taking methadone for over 6 months. The California MTUS Guidelines recommend opioids for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). The guidelines state opioids appear to be efficacious but limited to short-term pain relief and long-term efficacy is unclear (greater than 16 weeks) for chronic back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain; the last reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. The satisfactory response to treatment may be indicated by the patient's decrease in pain, increase in level of function, or improved quality of life. The injured worker has been on this medication for over 6 months and there is a lack of documentation regarding the efficacy of the medication as evidenced by significant functional improvement. There is also a lack of documentation indicating a full pain assessment was performed. Additionally, the amount of methadone the injured worker is taking daily exceeds the recommended 120mg morphine equivalent dosage per day. Therefore, the request is not medically necessary.