

Case Number:	CM14-0018495		
Date Assigned:	04/18/2014	Date of Injury:	05/07/2008
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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, 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 57 year-old female Recreational Therapist sustained an injury on 5/7/08 while employed by [REDACTED]. Requests under consideration include Lyrica 75mg, qty: 160, Norco 10/325mg, qty: 360, and Zanaflex 2mg, qty: 180. Report of 12/31/13 from pain management provider noted the patient with persistent chronic interscapular region, low back, and bilateral SI joint pain. Medications list Methadone, Zanaflex, Lyrica, and Norco which appears to be prescribed for several years. Exam noted intact lumbar spine range of motion, 5/5 motor strength in the lower extremities, 1+ symmetrical DTRs, normal gait, and normal sensation to pinwheel testing and light touch. Diagnoses include chronic low back pain; chronic bilateral SI joint pain, left interscapular region pain; and myofascial pain. Treatment included refill of meds and UDS. There is an extensive quantitative UDS dated 12/31/13 indicating negative opiates detected, inconsistent with prescribed meds without any change in treatment approach by the provider seen. Report of 2/6/14 from the provider again has essentially unchanged symptom complaints, identical clinical findings, diagnoses, with unchanged treatment plan to continue with all above medications. On 1/22/14, the requests for Lyrica 75MG was modified for quantity #30, Norco 10/325MG for quantity #30, and Zanaflex 2MG for quantity #30 citing guidelines criteria and lack of medical necessity. There is also a utilization report dated 3/13/14 noting certification for all the above medications (Norco, Lyrica, and Zanaflex) at same requested dosages.

IMR ISSUES, DECISIONS AND RATIONALES

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

LYRICA 75MG, QTY: 160.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 26

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PREGABALIN (LYRICA), 100

Decision rationale: This 57 year-old female Recreational Therapist sustained an injury on 5/7/08 while employed by [REDACTED]. Requests under consideration include Lyrica 75mg, qty: 160, Norco 10/325mg, qty: 360, and Zanaflex 2mg, qty: 180. Report of 12/31/13 from pain management provider noted the patient with persistent chronic interscapular region, low back, and bilateral SI joint pain. Medications list Methadone, Zanaflex, Lyrica, and Norco which appears to be prescribed for several years. Report of 2/6/14 from the provider again has essentially unchanged symptom complaints, identical clinical findings, diagnoses, with unchanged treatment plan to continue with all above medications. On 1/22/14, the requests for Lyrica 75MG was modified for quantity #30. There is also a utilization report dated 3/13/14 noting certification for all the above medications (Norco, Lyrica, and Zanaflex) at same requested dosages. 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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. The clinical exams submitted have no documented neurological deficits or identified any neuropathy. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg, QTY: 160.00 are not medically necessary and appropriate.

NORCO 10/325MG, QTY: 360.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 101

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-96

Decision rationale: This 57 year-old female Recreational Therapist sustained an injury on 5/7/08 while employed by [REDACTED]. Requests under consideration include Lyrica 75mg, qty: 160, Norco 10/325mg, qty: 360, and Zanaflex 2mg, qty: 180. Report of 12/31/13 from pain management provider noted the patient with persistent chronic interscapular region, low back, and bilateral SI joint pain. Medications list Methadone, Zanaflex, Lyrica, and

Norco which appears to be prescribed for several years. Exam noted intact lumbar spine range of motion, 5/5 motor strength in the lower extremities, 1+ symmetrical DTRs, normal gait, and normal sensation to pinwheel testing and light touch. Diagnoses include chronic low back pain; chronic bilateral SI joint pain, left interscapular region pain; and myofascial pain. Treatment included refill of meds and UDS. There is an extensive quantitative UDS dated 12/31/13 indicating negative opiates detected, inconsistent with prescribed meds without any change in treatment approach by the provider seen. Report of 2/6/14 from the provider again has essentially unchanged symptom complaints, identical clinical findings, diagnoses, with unchanged treatment plan to continue with all above medications. On 1/22/14, the requests for Lyrica 75MG was modified for quantity #30, Norco 10/325MG for quantity #30, and Zanaflex 2MG for quantity #30 citing guidelines criteria and lack of medical necessity. There is also a utilization report dated 3/13/14 noting certification for all the above medications (Norco, Lyrica, and Zanaflex) at same requested dosages. The patient has received a partial-certification with subsequent certification for large quantity of medication despite inconsistent findings of the urine toxicology screening. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of action from inconsistent random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The norco 10/325mg, QTY: 360.00 is not medically necessary and appropriate.

ZANAFLEX 2MG, QTY: 180.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 89

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 128

Decision rationale: This 57 year-old female Recreational Therapist sustained an injury on 5/7/08 while employed by [REDACTED]. Requests under consideration include lyrica 75mg, qty: 160, norco 10/325mg, qty: 360, and zanaflex 2mg, qty: 180. Report of 12/31/13 from pain management provider noted the patient with persistent chronic interscapular region, low back, and bilateral SI joint pain. Medications list Methadone, Zanaflex, Lyrica, and Norco which appears to be prescribed for several years. Report of 2/6/14 from the provider again has essentially unchanged symptom complaints, identical clinical findings, diagnoses, with

unchanged treatment plan to continue with all above medications. On 1/22/14, the requests for Lyrica 75MG was modified for quantity #30. There is also a utilization report dated 3/13/14 noting certification for all the above medications (Norco, Lyrica, and Zanaflex) at same requested dosages. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The zanaflex 2mg, qty: 180.00 is not medically necessary and appropriate.