

Case Number:	CM14-0110235		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2002
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/15/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53 year old patient had a date of injury on 10/18/2002. The mechanism of injury was lifting a stereo assembly while working. In a progress noted dated 6/24/2014, the patient complains of back pain, which is moderate-severe. Pain is radiated to left arm, left calf, right calf, and right thigh. The pain is piercing, sharp, shooting and stabbing. Pain is 6/10 with medications, and 10/10 without medications. On a physical exam dated 6/24/2014, he has had an epidural steroidal injection (ESI) with some relief although not overwhelming. He responded to trigger point injections and they offered him several weeks of improved walking and sitting. The diagnostic impression shows hypertension, chronic pain, insomnia, lumbago, postlaminectomy syndrome of lumbar spine, myalgia and myositis. Treatment to date: medication therapy, behavioral modification, epidurals, and trigger point injections. A UR decision dated 7/1/2014 denied the request for Kadian 50mg #60, modifying it to #30 stating that guidelines do not support continuing use of opioids if there is no overall improvement in pain and functioning. Lyrica 100mg #90 times 2 was denied, stating there was no sustained improvement documented while on this medication. Cymbalta 30mg #60 times 4 was denied, stating no sustained progress from this medication, and weaning should have occurred. Ambien 10mg #30 was denied, stating that previous use did not improve symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning fo.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the 6/20/2014 progress report, there was no documented functional improvement noted with the opioid regimen, and this patient has been on Kadian since at least 5/28/2014. Therefore, the request for Kadian 50mg #60 is not medically necessary.

Lyrica 100mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin); Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that 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. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the 6/20/2014 progress report, the patient has symptoms consistent with neuropathic pain, which are shooting, stabbing sensation that radiates. Therefore, the request for Lyrica 100mg #90 times 2 is medically necessary.

Cymbalta 30mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; it is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. However, this patient is noted to also be on Lyrica in the 6/20/2014 progress note, and no clear rationale was provided regarding the medical necessity of Cymbalta in addition to Lyrica. Therefore, the request for Cymbalta 30mg #60 times 4 is not medically necessary.

Ambien 10mg #30: 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), Chronic (Pain), Zolpidem (Ambien)

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

Decision rationale: ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. However, this patient is documented to be on Ambien since at least 5/15/2014, and guidelines to not recommend long term use. Therefore, the request for Ambien 10mg #30 is not medically necessary.