

Case Number:	CM14-0129819		
Date Assigned:	08/20/2014	Date of Injury:	01/20/1998
Decision Date:	09/22/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 Pain 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 injured worker is a 53-year-old female with a date of injury of 11/23/1998. The patient's industrially related diagnoses include cervical spine degenerative disc disease, status post cervical fusion C6-C7, and cervical facet arthropathy C5-C6. The disputed issues are a prescription for Lyrica 75mg with five refills, Tramadol ER 100mg with one refill, Tramadol ER 200mg with one refill, and Radiofrequency Lesioning at C5, C6. A Utilization Review determination on 8/6/2014 had determined that the request for radiofrequency Lesioning was not medically necessary and modified the request for Lyrica to #11 tabs, Tramadol ER to #23 tabs, and Tramadol ER 200mg to #30 tabs without refills for any of the medication. The stated rationale for the denial of Lyrica was "it appears Lyrica is no longer effective at reducing the patient's symptoms and no evidence of neuropathic pain was reported, the guidelines do not support continued use." Therefore a modification was made for Lyrica 75mg #11 tabs to allow the injured worker to wean off. The stated rationale for the denial of Tramadol ER 100mg and 200mg was "that Tramadol is not recommended for long-term use and continuation should be based on evidence of improvement in pain and function. The available records indicate that the patient has not been improving as she has reported her pain to be somewhat worse and rated 9/10 on average despite long-term use of Tramadol." Therefore Tramadol ER 100mg was certified with modification for #23 tabs and Tramadol ER 200mg for #30 tabs to allow the injured worker to wean off the opioids. Lastly, the stated rationale for the denial of Radiofrequency Lesioning was that "this patient has a long history of pain and disability which the guidelines indicate is associated with failed treatment." After the cervical medial branch block, "there was little evidence of improved function or a lasting decrease in her visual analog scale rating."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90 with 5 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs Page(s): 16-21.

Decision rationale: Lyrica is an anti-epilepsy drug (AED) which is recommended for neuropathic pain. According to the guidelines, "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. 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." On the follow up visit dated 6/26/2014, the treating physician documented that the injured worker "reports average pain in the last week at a score of 8 to 9. Her pain is improved by medications rating at approximately 50%." However, on the following visit date 7/21/2014, the treating physician documents that the injured worker's pain is "somewhat worse with pain score of 9 or 10 over the last week". Further more it states " A decision is made to make no changes at this time addressing the 4 A's most remarkably shows persistent high level of reported pain." The guidelines state that the continued use of AEDs "depends on improved outcomes." There is not documentation of reduction in pain at this last visit or an improvement in function. There is no documentation for the cause of the increase in pain. If Lyrica is no longer providing a good or even a moderate response, the recommendation made by the guidelines is to consider "a switch to a different first-line agent." Therefore Lyrica is not medically necessary at this time.

Tramadol ER 100mg #30 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pg. 94 states the following regarding Tramadol: "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." However as of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol ER is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines, which specify on pgs. 78-79 the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be

indicated by the patient's decreased pain, increased level of function, or improved quality of life." Under "When to Discontinue Opioids" it states that "prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned. According to the guidelines, if there is no overall improvement in function, discontinuation of opioids should be considered. Therefore, due to lack of adequate documentation regarding the use of this opioid, medical necessity cannot be found for Tramadol ER 100mg.

Tramadol ER 200mg #30 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79, 94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pg. 94 states the following regarding tramadol: "Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." However as of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Since Tramadol ER is an opioid, it is subject to the ongoing monitoring requirements as stated in the Chronic Pain Medical Treatment Guidelines, which specify on pages 78-79 the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Under "When to Discontinue Opioids" it states that "prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned. According to the guidelines, if there is no overall improvement in function, discontinuation of opioids should be considered. Therefore, due to lack of adequate documentation regarding the use of this opioid, medical necessity cannot be found for Tramadol ER 200mg at the originally request quantity.

Radio frequency Lesioning C5, C6: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain, cervical facet joint radiofrequency neurotomy.

Decision rationale: ACOEM Chapter 8, pages 174-175 states that "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space have no proven benefit in treating acute neck and upper back symptoms." However, these practice guidelines do not specifically address RFA and thus the Official Disability Guidelines are cited. Per the Official Disability Guidelines Chapter on Neck Pain, Cervical Facet Joint Radiofrequency Neurotomy is "under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function." On a follow up visit dated 3/26/2014 during physical exam, the treating physician noted that the injured worker was "reluctant to move through ROM, raises right shoulder when asked to extend c-spine...examination of this area is limited due to repeated withdrawal." The injured worker's date of injury was in 1998 demonstrating long duration of pain and disability. On that same follow up visit dated 3/26/2014 the treating physician states that the injured worker " has chronic nonradicular cervical spine pain." During that evaluation it is that the worst pain score is 8-9/10 and usual pain score is 7/10. After the injured worker had the diagnostic cervical facet blocks the pain diary demonstrated 80% pain relief lasting 2-3 hours. In the subjective history, the treating physician noted that "the functionality is better." Although this note does not state a "formal plan of rehabilitation in addition to facet joint therapy" as recommended by guidelines, the patient has a documented past failure of formal physical therapy, such as in the progress note in May 2013. Given this documentation, this request is medically necessary.