

Case Number:	CM14-0134469		
Date Assigned:	08/27/2014	Date of Injury:	04/17/2002
Decision Date:	09/29/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 57-year-old man who sustained a work-related injury on April 17, 2002. Subsequently, he developed chronic neck and back and lower extremity pain. According to the progress note dated on June 25, 2014, the patient was complaining of the chronic neck and back pain with radicular symptoms. His physical examination demonstrated the tenderness in the cervical spine with reduced range of motion, tenderness of the thoracic spine and lumbar spine and limited flexion bilaterally because of pain. The rest of his neurologic examination was normal. Pain medications were reported to improve the patient pain. The patient was treated with Norco, Cymbalta, Ambien, Lyrica, Lidoderm patch and Flomax. The provider requested authorization for the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids: Long-term Users of Opioids (6 months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, the patient has pain and functional improvement with the use of his current medications including Norco and other non-opioid medications. There is no objective documentation of pain and functional improvement specific to the use of Norco to justify continuous use of Norco in this patient. The patient reported side effect from long term use of Norco including constipation. There is no documentation of compliance of the patient with his drug. Therefore, the prescription of Norco 10/325mg #180 x 2 refills is not medically necessary.

Cymbalta 60mg #30 x 2 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 SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy, the drug was used off label. Therefore, the request of Cymbalta 60mg #30 x 2 refills is not medically necessary.

Lyrica 200mg #60 x 2 refills: Upheld

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 Lyrica Page(s): 20.

Decision rationale: According to MTUS Guidelines, Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this

patient. There is a limited evidence to support its use for a chronic neck and back pain. Therefore a long term use of Lyrica is not recommended without continuous monitoring of its efficacy. Therefore, the Prescription of Lyrica 200mg #60 x 2 refills is not medically necessary.

DSS Sodium 250mg #60 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Opioid induced constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to ODG guidelines, DSS Sodium is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore the use of DSS Sodium 250mg #60 x 2 refills is not medically necessary.

Senna 8.6mg #30 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse" Opioid induced constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>).

Decision rationale: According to ODG guidelines, Senna is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that first line measurements were used. Therefore the use of Senna 8.6mg #30 x 2 refills is not medically necessary.