

Case Number:	CM14-0167990		
Date Assigned:	10/15/2014	Date of Injury:	05/15/2006
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 Internal 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 41-year-old female who reported an injury on 05/15/2006 due to lifting a heavy bag while working as an airline attendant. Diagnoses are post laminectomy syndrome of lumbar region, pain in thoracic spine, chronic pain syndrome, drug dependence not otherwise specified/unspecified, obesity not otherwise specified, generalized anxiety disorder, depressive disorder not elsewhere classified, lumbago, sleep disturbance not otherwise specified, skin sensation disturbance, electronic prescribing enabled, encounter for long term use of other medications. Physical examination on 10/10/2014 revealed complaints of severe intensity in the thoracic back, low back and right lower extremity and bilateral knee pain. It was reported that the level of pain experienced is exacerbated by periods of increased activity and lifting of objects. The pain was partially relieved by the use of analgesic medications and various types of injection therapy. The injured worker also reported difficulty obtaining an adequate level of restorative sleep despite current treatment. Past surgical history was lumbar fusion surgery, lumbar laminectomy and/or discectomy and gastric sleeve. Examination revealed the injured worker did not report any new profound weakness or instability. The injured worker reported experiencing a frustrated mood due to persistent pain. Medications were Wellbutrin XL 300 mg 1 tablet daily, Lidoderm 5% patch, Lyrica 150 mg capsule 1 three times a day, Zofran 4 mg 1 daily as needed for nausea, Butrans 10 mcg/hour patch 1 every week, tizanidine HCl 4 mg 1 in the morning, 1 at noon, 1 at bedtime, Suboxone 8 mg, Ambien 5 mg, and Xenical 120 mg 1 three times a day. The provider had a detailed discussion about the risk and possible benefits of opiate therapy or other controlled substances. At the end of the office visit the injured worker was prescribed a Butrans 15 mcg/hour patch 1 patch every week, and Norco 10/325 one tablet 3 times a day as needed. Suboxone 8 mg was discontinued and the Butrans 10 mg/hour patch was also discontinued. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Lyrica 150 mg capsule 1 tab TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 19.

Decision rationale: The decision for med Lyrica 150 mg capsule 1 tab TID #90 is not medically necessary. The California Medical Treatment Utilization Schedule states Lyrica is an anticonvulsant that 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 medication is designated as a schedule 5 controlled substance because of its causal relationship with euphoria. This medication also has an antianxiety affect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. It was reported that the injured worker was still having difficulty obtaining an adequate level of sleep despite the current treatment. It was also reported that the patient was still experiencing an overall compromised mood due to painful condition. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The medical documents did not indicate that the injured worker was obtaining functional improvement from this medication. The injured worker continues to report difficulty obtaining adequate levels of restorative to sleep despite the current treatment. The injured worker also reported suffering from episodes of acute/chronic pain. There was no significant functional benefit resulting from the use of this medication reported. Therefore, this request is not medically necessary.

Med MS Contin 200 mg tablet 1 tab BID #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Contin; Ongoing Management; Opioid Dosing Page(s): 75; 78; 86.

Decision rationale: The decision for med MS Contin 200 mg tablet 1 tab BID #40 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend long acting opioids for around the clock pain relief and indicate it is not for PRN use. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The medical guidelines also state that the cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. According to the request, the injured worker is on 400 mg of oral morphine equivalents per day which far exceeds

the recommended 120 mg oral morphine equivalents per day. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Med Lidoderm 5% patch (700 mf/patch) 1-2 QD PRN #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The decision for med Lidoderm 5% patch (700 mf/patch) 1-2 QD PRN #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical guidelines state that topical Lidocaine (Lidoderm) is recommended for peripheral pain after evidence of a first line tricyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica has been reported as failed. The clinical information submitted for review does not provide evidence to justify continued use of Lidoderm 5% patch. Therefore, this request is not medically necessary.

Med Wellbutrin XL 300 mg tablet 1 tab QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 16-17.

Decision rationale: The decision for med Wellbutrin XL 300 mg tablet 1 tab QD #30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The medical guidelines state that there should be documentation of an objective decrease in pain and changes in the use of other analgesic medications. There were no reports of an objective decrease in pain from the injured worker. There were no objective functional improvements from the use of this medication reported. The injured worker reported sleep quality and duration were not improved. The clinical information

submitted for review does not provide evidence to justify continued use of the Wellbutrin XL 300 mg tablet 1 tablet every day. Therefore, this request is not medically necessary.