

Case Number:	CM14-0023326		
Date Assigned:	05/12/2014	Date of Injury:	06/28/2003
Decision Date:	09/10/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 is a 54-year-old male with an 8/28/2003 date of injury. A specific mechanism of injury was not described. 1/29/14 determination was non-certified. Regarding Ambien there was no documentation to substantiate the request. For Lyrica, there was no documentation supporting the effectiveness of the medication such as decreased pain by percentage or VAS score. Regarding Baclofen there was no quantitative assessment on how this medication helps. Regarding Senokot-S, no indication why the patient takes this medication. Regarding Methadone, no documentation of the effectiveness, how the medication helps, percentage of relief, etc. 3/5/14 progress report identifies that the patient's pain is the same as previously. Lyrica was beneficial for neuropathic pain. The patient was not sure she was taking Zanaflex for spasms. She had been using Ambien. She reported severe constipation which was improved with Amitza. Pristiq improved mood. She was able to use computer 30" and complete simple household tasks, and complete ADLs. 2/19/14 report identified that pain is more controlled but continued to have pain, the pain cocktail was increased m6 to m7. 1/22/14 progress report identified that the patient is doing well with the pain cocktail, Lyrica, and Baclofen. She reports her pain level is 9/10 without and 2/10 with medications. She is able to walk x 3 QD, stand/sit 45", lift <10#. She has increased motivation since HELP program. She finds Lyrica beneficial for neuropathic pain. Baclofen controls spasms. She has not been able to sleep since Lunesta was not approved. She reports constipation as side effects of medications. Exam revealed limited cervical range of motion in all directions. She has tight muscle in shoulders. Upper and lower extremity range of motion is functional. Strength in the upper extremities is 4/5 bilaterally. The blinding pain cocktail was decreased from 8m to m6. 12/7/13 medical report identified that the patient's medications included a blinded pain cocktail, Lyrica, Opana, Baclofen, and Lunesta. Records indicate continued urine toxicology exams, last one performed on December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

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).

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.

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. It was noted that the patient was taking Lunesta and apparently was no longer authorized. However, there was no clear indications and its characteristics, such as with sleep initiation. There was no indication that the patient was following an appropriate sleep regimen and it has been insufficient to address the patient's sleep difficulties, if any. There was no clear indication of a treatment plan including a future (short-term) end-point of treatment. The medical necessity was not substantiated.

LYRICA 150MG, #90 WITH 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

Decision rationale: The patient has chronic pain that is apparently well controlled with medications. There is also indication that Lyrica is helpful for neuropathic pain. On exam there is decreased strength. 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. Given all these factors, continuation was appropriate to have steady neuropathic pain control.

BACLOFEN 10MG, WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. Apparently the patient was on Baclofen; however, there is also indication that the patient was not sure if she was taking Flexeril for spasms. It was not clear if the patient was taking two muscle relaxants. In addition, it appears that the patient's spasms are chronic in nature. The specific benefit of the medication was not clear and there was no end-point of treatment.

SENOKOT-S, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The patient had been on chronic opioid therapy and there was also indication of constipation for which the requested medication was indicated.

BLINDED PAIN COCKTAIL- METHADONE 6MG/20CC, #1080ML: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Review and Documentation of Pain Relief.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: CA MTUS Recommends Methadone as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. MTUS guidelines state to avoid prescribing 40 mg Methadone tablets for chronic non-malignant pain. This product is only FDA-approved for detoxification and maintenance of narcotic addiction. Patients who receive methadone must be closely monitored, especially during treatment initiation and dose adjustments. The patient was on several opioid medications apparently with not an adequate pain control. It appears that the patient completed a HELP program in which methadone was initiated. Per urine tests it is noted that after methadone was initiated, the several opioids were decreasing. On last urine test the patient was negative for all opioids and only positive for methadone. The provider also documented appropriate analgesia and medication modifications according to the patient's needs. Considering all these, the requested blind pain cocktail was medically necessary.