

Case Number:	CM14-0030573		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2003
Decision Date:	08/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury on 06/28/2013. The mechanism of injury was not provided. On 01/22/2014, the injured worker reported that she was doing well with her pain cocktail of Lyrica and baclofen for pain control, reported her pain level was 9/10 without medication and 2/10 with her current medication regimen. She had increased motivation since HELP program. She reported Lyrica beneficial for neuropathic pain and baclofen was adequately controlling spasms. She also reported constipation as a side effect of the medication. Upon examination, the injured worker's range of motion revealed limitations in all directions. She had tight muscles in her shoulder and upper and lower extremity range of motion was functional. The strength in her upper extremities was rated a 4/5 bilaterally. The diagnoses were unspecified myalgia and myositis, cervicgia, and postlaminectomy syndrome of the cervical region. Current medications include Lyrica, baclofen, Ambien, and Senokot. The provider recommended Lyrica, baclofen, Ambien, and Amitiza. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150 mg #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): 16-22.

Decision rationale: The request for Lyrica 150 mg #90 is not medically necessary. The California MTUS Guidelines state Lyrica has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. 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. Continued use of AEDs is dependent on improved outcomes versus tolerability and adverse effects. The provided documentation did not indicate the injured worker had signs and symptoms or a diagnosis congruent with the Guideline recommendation for AEDs. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Baclofen 10mg #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 Muscle Relaxants for pain Page(s): 63.

Decision rationale: The request for baclofen 10 mg #60 is not medically necessary. California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain relief and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed baclofen since at least 01/2014 and the efficacy of the medication was not provided. Additionally, the Guidelines recommend muscle relaxants for short term treatment and continued use of baclofen exceeds the Guideline recommendation of short term treatment for acute exacerbations. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Ambien 10 mg #30: Upheld

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

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

Decision rationale: The request for Ambien 10 mg #30 is not medically necessary. The Official Disability Guidelines state Ambien is a prescription short acting nonbenzodiazepine hypnotic,

which is approved for the short term, usually 2 to 6 week, treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The included documentation does not indicate that the injured worker has symptoms or diagnosis of insomnia, and the severity of the insomnia was not addressed. Additionally, the injured worker has been prescribed Lunesta in the past and efficacy of the medication was not provided. The provider's request for Ambien does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Amitiza 24 mcg (may have prescription if effective for constipation): Upheld

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

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

Decision rationale: The request for Amitiza 24 mcg is not medically necessary. The Official Disability Guidelines recommend Amitiza only as a possible second line treatment for opioid induced constipation. As the Guidelines suggest Amitiza as a second line treatment for opioid induced constipation, Amitiza would not be recommended as first line treatment. The documentation states Senokot was previously prescribed; however, the efficacy of that medication was not provided. Additionally, the provider's request does not indicate the frequency or quantity of the Amitiza in the request as submitted. As such, the request is not medically necessary.