

Case Number:	CM14-0033108		
Date Assigned:	06/20/2014	Date of Injury:	09/11/2000
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehab, 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 female patient with a date of injury of September 11, 2000. A utilization review determination dated February 14, 2014 recommends non-certification of Norco 7.5/325 #240, Lyrica 100 mg #90, Maxalt MLT 10 mg #4, and Duragesic 25 g per hour patch #15. A progress note dated January 27, 2014 identifies subjective complaints of neck pain with radiation into both upper extremities, low back pain with radiation to both lower extremities, abdominal pain, urologic complaints, history of dermatologic complaints, eye complaints, and a history of depression and anxiety. The patient's pain level is an 8-9/10. Physical examination of the cervical spine identifies that the patient is wearing a hard cervical collar, significant restriction of range of motion with flexion at 20, extension at 5, right rotation at 20, and left rotation at 20. The patient's upper extremity physical exam showed significant restriction to range of motion in both upper extremities, tenderness of the right shoulder, and a well healed surgical scar from a right carpal tunnel release surgery, and global decrease sensation to pin prick in both upper extremities. Examination of the lumbar spine identified bilateral lumbar pair spinous tenderness, 2+ palpable muscle spasm at the lumbosacral junction, lumbar spine range of motion is 40 with flexion, 10 with extension, and 10 with right and left rotation. Diagnoses include status post C4-C5, C5-C6, and C6-C7 anterior cervical discectomy and fusion in 2004 with removal of anterior fusion plate in October 2008, cervical post laminectomy syndrome with cervicogenic headaches and bilateral upper extremity radicular symptoms, status post right shoulder surgery, status post right carpal tunnel release, status post L4-L5 and L5-S1 anterior posterior interbody fusion with possible pseudo-arthrosis at L5-S1, lumbar post laminectomy syndrome with bilateral lower extremity radiculopathy left greater than right, status post spinal cord stimulator failed trial, status post veiled intrathecal morphine pump trial on May 7, 2012, history of gastrointestinal complaints, hypertension, possible toxic exposure to eyes, history of urologic complaints and neurogenic

bladder, and history of fibromyalgia. The treatment plan recommends continuation of patient's current medication regimen which includes Duragesic 25 g patches when every 48 hours #15, Norco 7.5/325 1-2 every 4 to 6 hours as needed for pain maximum of eight per day #240, Lyrica 100 mg three times daily # 90, Maxalt and LT 10 mg up to four per month for severe migraine headaches #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg/325mg #240 DOS: 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44,47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen) 7.5/325 #240, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco 7.5/325 #240 is not medically necessary.

Lyrica 100mg #90 DOS: 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

Decision rationale: Regarding request for Lyrica 100mg #90, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally,

there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Lyrica 100mg #90 is not medically necessary.

Maxalt MLT 10mg #4 DOS: 2/13/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Maxalt-MLT>.

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

Decision rationale: Regarding the request for Maxalt MLT 10mg #4, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested Maxalt MLT 10mg #4 is not medically necessary.

Duragesic 25mcg Patch #15 DOS: 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, (fentanyl transdermal system) Page(s): 44, 47, 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 44 and 47 of 127.

Decision rationale: Regarding the request for Duragesic 25 mcg/hr patch, #15, Chronic Pain Medical Treatment Guidelines state Duragesic is not recommended as a first-line therapy. The Guidelines also state it is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Within the medical information made available for review, there is no mention that the patient's chronic pain requires continuous opioid analgesia and the pain cannot be managed by other means. Also, there is no indication that the Duragesic Patch is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such information, the currently requested Duragesic 25 mcg/hr patch, #15 is not medically necessary.