

Case Number:	CM14-0035321		
Date Assigned:	07/23/2014	Date of Injury:	09/25/1998
Decision Date:	09/10/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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 and Rehabilitation 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 female with a date of injury on 9/25/1998. The mechanism of injury is unknown. On 1/21/14, she complained of left shoulder and right hip pain. On exam, she is noted to have weak abduction at the left shoulder and tenderness at the right hip over greater trochanter region. She is diagnosed with right hip abductor tendinitis and chronic left shoulder rotator cuff tear with cuff arthropathy. The plan was injection with Kenalog at the left shoulder and right hip. No other office notes or physician reports are available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Lyrica (DOS: 2/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: As per CA MTUS guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has food and drug administration approval for both indications, and is considered first-line treatment for both. It is also food and drug administration approved for treatment for generalized anxiety disorder and social anxiety

disorder. In this case, there is no documentation of any neuropathic pain associated with diabetic neuropathy or post-herpetic neuralgia or evidence of anxiety disorder. Additionally, there is no documentation of any significant improvement with prior use. Therefore, the retrospective usage of Lyrica is not medically necessary based on the guidelines and available clinical information.

Retrospective usage of Methocarbamol (DOS: 2/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the CA MTUS guidelines, methocarbamol (Robaxin) is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Chronic use of muscle relaxants is not recommended by the guidelines. In this case, the clinical information is limited and there is no documentation of spasm with low back pain. Furthermore, the records indicate that the injured worker has been on this medication longer than 2-3 weeks, which is not recommended. Additionally, there is no documentation of any significant improvement with prior use. Therefore, the request for retrospective usage of methocarbamol is not medically necessary according to the guidelines.

Retrospective usage of Lunesta (DOS: 2/6/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther, 2005 Feb 28;47(1203):17-9. Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: CA MTUS guidelines do not address Lunesta and ODG have been consulted. Lunesta is a hypnotic which is recommended for the treatment of insomnia of at least 6 months duration. In this case, there is no documentation of proper sleep hygiene which is critical in the management of insomnia. Furthermore, there is no documentation of a thorough evaluation of insomnia such as etiology (i.e. pain, anxiety and depression). Furthermore, there is no evidence of any significant improvement with prior use. Therefore, the retrospective usage of Lunesta is not considered medically necessary.

Retrospective usage of Hydrocodone Bitartrate (DOS: 2/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate 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 medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, which are known to be effective for treatment of moderate to severe pain. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. Furthermore, there is no documentation of any significant improvement in pain or function with prior use. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for retrospective usage of Hydrocodone Bitartrate has not been established.

Prospective usage of Lyrica: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: As per CA MTUS guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and post-herpetic neuralgia, has food and drug administration approval for both indications, and is considered first-line treatment for both. It is also food and drug administration approved for treatment for generalized anxiety disorder and social anxiety disorder. In this case, there is no documentation of any neuropathic pain associated with diabetic neuropathy or post-herpetic neuralgia or evidence of anxiety disorder. Additionally, there is no documentation of any significant improvement with prior use. Therefore, the retrospective usage of Lyrica is not medically necessary based on the guidelines and available clinical information.

Prospective usage of Methocarbamol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: According to the CA MTUS guidelines, methocarbamol (Robaxin) is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Chronic use of muscle relaxants is not recommended by the guidelines. In this case, the clinical information is limited and there is no documentation of spasm with low back pain. Furthermore, the records indicate that the injured worker has been on this medication longer than 2-3 weeks, which is not recommended. Additionally, there is no documentation of any significant improvement with prior use. Therefore, the request for prospective usage of methocarbamol is not medically necessary according to the guidelines.

Prospective usage of Lunesta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther, 2005 Feb 28;47(1203):17-9. Eszopiclone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Eszopiclone (Lunesta).

Decision rationale: CA MTUS guidelines do not address the requested Lunesta, and therefore ODG have been consulted. Lunesta is a hypnotic which is recommended for the treatment of insomnia of at least 6 months duration. Documentation of proper non pharmacologic sleep hygiene and of insomnia is not available (i.e. pain, anxiety and depression). There is no evidence of any significant improvement with previous use of this drug. Therefore, the request for prospective Lunesta is not considered medically necessary.

Prospective usage of Hydrocodone Bitartrate: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for Chronic Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

Decision rationale: Hydrocodone is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate 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 medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, which are known to be effective for treatment of moderate to severe pain. In addition there is no mention of ongoing attempts with non-pharmacologic means of pain management. Furthermore, there is no

documentation of any significant improvement in pain or function with prior use. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for prospective usage of hydrocodone bitartrate has not been established.