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| Case Number: | CM14-0040090 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 02/27/2008 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 04/05/2014 |

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 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 59 year-old female who was injured on 2/27/08. According to the 3/28/14 pain management report from [REDACTED], the diagnostic impression is: history of complex right hip surgery with residuals, s/p right hip arthroplasty in May 2009 complicated by dislocation of right acetabular cap requiring revision total hip arthroplasty in Jan. 2011, severe right hip acetabular degeneration with acetabular bone loss; painful left snapping hip syndrome, s/p left total hip replacement in 2000, probable left iliopsoas tendinopathy; post lumbar laminotomy pain syndrome, chronic lumbar radiculopathy, possible L3/4 nerve archnoiditis. On 3/5/14, UR reviewed the 10/29/13 [REDACTED] form and a 2/25/14 report from [REDACTED] and recommended denial for medications including Norco, Lyrica, tizanidine, Dexilant, Arthrotec and fentanyl patches. The 2/25/14 and 10/29/13 form were not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5/325 MG. 1 BY MOUTH THREE TIMES A DAY AS NEEDED #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Long-term Opioid use Page(s): 88-89.

Decision rationale: The pain management report from 9/12/13 shows the patient taking 7.5mg hydrocodone, as well as Lyrica, Dexilant, Liptor, Arthrotec, and fentanyl patches. There was no assessment of pain, function or mention of efficacy of any of the medications. The most recent pain management report is from 3/28/14, and the physician states based on the patient's condition the medications are indicated, but the report does not discuss efficacy of Norco or provide a baseline pain level and compare pain and function to the baseline. The MTUS Chronic Pain Guidelines' criteria for use of opioids for long-term, states: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, and the documentation provided for review does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. The request is not medically necessary and appropriate.

LYRICA 75 MG 2 CAPS BY MOUTH THREE TIMES A DAY #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: The patient has been on Lyrica since 9/12/13. The 3/28/14 pain management report is vague, but states Lyrica was helping with the residual neuropathic leg pain. There was no pain assessment with a numeric scale or comparison to baseline without the medication and there was no description of whether function was improved, or whether there was improved quality of life. The report does suggest that it is helping and has allowed her to decrease the narcotic medications. The MTUS Chronic Pain Guidelines does recommend use of antiepilepsy drugs for neuropathic pain, and the patient with failed back syndrome has neuropathic pain. Since there is no evidence that Lyrica is not providing benefit, the request is medically necessary and appropriate.

TIZANIDINE 4 MG 1 TAB BY MOUTH THREE TIMES A DAY #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 66.

Decision rationale: The patient has been on Tizanidine since 9/12/13. The 3/28/14 pain management report is vague, but states tizanidine was helping with the nocturnal leg cramping and sleep disturbance. MTUS Chronic Pain Guidelines does recommend use of antiepilepsy drugs for neuropathic pain, and this patient with failed back syndrome has neuropathic pain. The request is in a gray area, MTUS Chronic Pain Guidelines recommends tizanidine for spasticity and unlabeled use for low back pain and chronic myofascial pain syndrome and possible

fibromyalgia. The MTUS Chronic Pain Guidelines does not appear to limit the duration of use of tizanidine, as it does with other muscle relaxants. The request appears to be in accordance with the MTUS Chronic Pain Guidelines. The request is medically necessary and appropriate.

DEXILANT 30 MG 1 CAP BY MOUTH EVERY DAY #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on NSAIDs Page(s): 67-69. Decision based on Non-MTUS Citation Drugs.com, <http://www.drugs.com/pro/dexilant.html>.

Decision rationale: The patient presents with chronic low back and bilateral hip pain. She has lumbar post laminectomy syndrome, failed left and right hip replacements. The patient has history of gastroesophageal reflux disease (GERD) and was able to tolerate Arthotec with use of Dexilant. The FDA indication for Dexilant is for treatment of GERD. The request is in accordance with the labeled indication. The request is medically necessary and appropriate.

ARTHROTEC 50 MG 1 TAB BY MOUTH THREE TIMES A DAY #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient has been on Arthrotec since 9/12/13. The 3/28/14 pain management report is vague, but states Arthrotec was tolerated without aggravation of the patient's GERD, and helped decrease her narcotic analgesic requirements. The MTUS Chronic Pain Guidelines recommends antiinflammatory medication as first line therapy and states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The continued use of Arthrotec appears to be in accordance with the MTUS Chronic Pain Guidelines. The request is medically necessary and appropriate.

FERITANYL PATCH 25 MCG/HR 1 PATCH EVERY 72 HOURS # 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC Page(s): 44,93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 88-89.

Decision rationale: The pain management report from 9/12/13 shows the patient taking 7.5mg hydrocodone, as well as Lyrica, Dexilant, Liptor, Arthrotec, and fentanyl patches. There was no assessment of pain, function or mention of efficacy of any of the medications. The most recent pain management report is from 3/28/14, and the physician states based on the patient's condition the medications are indicated, but the report does not discuss efficacy of Fentanyl. The MTUS Chronic Pain Guidelines' criteria for use of opioids for long-term, states: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on the efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of fentanyl. The request is therefore not medically necessary and appropriate. ❌