

Case Number:	CM14-0070229		
Date Assigned:	08/06/2014	Date of Injury:	10/01/1998
Decision Date:	09/23/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/15/2014

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 California and Washington. 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 50-year-old female with a reported date of injury on 10/01/1998. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic lower back pain, lumbosacral degenerative disc disease, chronic pain syndrome, opioid dependence, and depression and anxiety. Her previous treatments were noted to include physical therapy, aquatic therapy, and medications. The progress note dated 04/08/2014 revealed complaints of chronic lower back pain. The injured worker indicated she was unable to sit or stand for any length of time and that walking felt better because walking and lying down felt better for her. The physical examination revealed the injured worker was not in acute distress and had an antalgic gait. The injured worker exhibited difficulty sitting down and standing up from the chair and had decreased range of motion. Her strength to the bilateral lower extremities was grossly 5/5. The request for authorization form dated 04/29/2014 was for Treximet 85/500 mg 1 tablet as needed for headache #9 with 5 refills, Pristiq 50 mg #30 with 5 refills for depression, Lyrica 75 mg 1 twice a day #60 with 4 refills for paresthesias in the bilateral lower extremities, and hydrocodone/APAP 10/325 mg #150 with 1 refill every 4 to 6 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Treximet 85/500, QUANTITY 9, with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines- TriptansFDA: Treximet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The request for Treximet 85/500 quantity 9 with 5 refills is not medically necessary. Treximet consists of sumatriptan and naproxen. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe osteoarthritis pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines recommend NSAIDs as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short-term symptomatic relief for chronic low back pain. A review on the literature of drug relief for low back suggested NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, or muscle relaxants. The Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans are effective and well tolerated. Differences among them are general relatively small, but clinically relevant for individual patients. A poor response to 1 triptan does not predict a poor response to another agent in that class. Rizatriptan has demonstrated in a head to head study, higher response rates and a more rapid onset of action than sumatriptan, together with favorable tolerability profile. There is a lack of documentation regarding migraine headaches to warrant Treximet. There is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Pristiq 50mg, quantity 30, with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

Decision rationale: The request for Pristiq 50 mg quantity 30 with 5 refills is not medically necessary. The injured worker has been utilizing this medication since at least 02/2014. The California Chronic Pain Medical Treatment Guidelines recommend antidepressants as a first-line option for neuropathic pain, and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain

outcomes, but also an evaluation of function, change in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of documentation regarding assessment to treat efficacy including pain outcomes, evaluation of function, sleep quality and duration, and psychological assessment. The injured worker did complain of depression. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, due to the lack of documentation regarding assessment of treatment efficacy and the lack of frequency requested, the ongoing use of Pristiq is not appropriate at this time. As such, the request is not medically necessary.

Lyrica 75mg, Quantity 60, with 4 refills: Upheld

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

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

Decision rationale: The request for Lyrica 75 mg quantity 60 with 4 refills is not medically necessary. The injured worker complained of chronic low back pain. The California Chronic Pain Medical Treatment Guidelines recommend antiepilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. There is a lack of documentation regarding complaints of radiculopathy to warrant an antiepilepsy drug. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Hydrocodone/APAP 10/325mg, Quantity 150, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for hydrocodone/APAP 10/325 mg quantity 150 with 1 refill is not medically necessary. The injured worker complained of chronic low back pain. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the "4 As" for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of medications.

There is a lack of documentation regarding side effects. There is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.