

<b>Case Number:</b>	CM14-0072260		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 underlying date of injury in this case is 6/3/2011. The date of the utilization review under appeal is 5/1/2014. Treating diagnoses include cervical radiculopathy and lumbar radiculopathy. A prior physician review of 5/1/2014 recommended noncertification of hydrocodone as the guidelines do not recommend long-term opioids. That review recommended noncertification of Robaxin given the lack of guideline support for long-term use. That review noted the patient's radicular symptoms in the lower extremities and noted there was a lack of diagnostic studies confirming a radiculopathy. However, that review did certify a trial of Lyrica. On 7/10/2014 the patient's treating pain physician submitted an appeal regarding the patient's medications. The treating physician requested to appeal a denial of opioid medications, noting that fluctuations and response are likely to occur in the natural history of patients with chronic pain and noted that breakthrough pain medication will be necessary on occasion. The treating physician reported a diagnosis of cervical radiculopathy, lumbar radiculopathy, chronic pain, and right sacroiliitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg Quantity 30 three times a day as need for pain Quantity 90 for 3 to 6 months:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses in detail the four A's of opioid management. The medical records in this case do not discuss the four A's of opioid management and particularly do not clearly document functional goals and functional benefit from this treatment. The same guidelines also discuss opioids for chronic pain on page 80 and do not recommend opioids for chronic spinal pain. The records and the appeal letter in this case do not provide an alternative rationale to document an indication or benefit for opioid medication. The request is for a 3-6 month supply; a 3-6 month supply of opioids would not allow for monitoring as recommended by the four A's of opioid management. For this reason as well, this request is not medically necessary.

**Lyrica 50 mg one every night Quantity 30 for 3 to 6 months:** 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 antiepileptic drugs, Page(s): 17.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medications page 17 states 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. This patient does have neuropathic pain documented. The guidelines recommend monitoring the effectiveness of this medication for neuropathic pain. The request is for 3-6 months of medication supply; that would not be consistent with the treatment guidelines to monitor effectiveness for this medication. This request is not medically necessary.

**Robaxin 500 mg twice a day quantity 60 for 3 to six months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle Relaxants Page(s): 63.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants page 63 recommends nonsedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The medical records do not provide a rationale for this medication on a chronic basis, contrary to treatment guidelines. Moreover, this request is for a 3-6 month supply, which particularly would not be consistent with the treatment guidelines for short-term use of muscle relaxants. This request is not medically necessary.

