

Case Number:	CM14-0085357		
Date Assigned:	07/23/2014	Date of Injury:	09/07/2004
Decision Date:	10/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 Florida. 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 49-year-old female who reported an injury of unspecified mechanism on 09/07/2004. On 05/15/2014, her diagnoses included left shoulder impingement syndrome, s/p surgery, left cervical strain, mild cervical degenerative disc disease, possible left rotator cuff tear, left cubital tunnel syndrome, bilateral epicondylitis, left carpal tunnel syndrome, left de Quervain's tenosynovitis, possible left thumb basilar joint arthritis, left wrist ganglion cyst, and possible complex regional pain syndrome of the left face, neck, back, and bilateral upper extremities. Her medications included Lyrica 75 mg, Norco 10/325 mg, Flexeril 10 mg, Senna of an unknown dose, Colace 250 mg, and Butrans patch 20 mcg per hour. She complained of hyperesthesia along the left side of her face neck, and trapezoid region. It was noted that her Norco was giving her constipation, but it was well managed with the Senna and Colace. It was noted that she had failed trials of Cymbalta, Neurontin, Topamax, and amitriptyline. The rationale was that she required her medication in order to perform activities of daily living, including dressing, bathing, cleaning, and grooming. It was noted that even with her medications, she was not independent with her ADLs and required assistance from her son. She rated her pain at 5/10 with her medications and 8/10 without them. It was noted that her urine drug screens were consistent with her medication regimen. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senexon 8.6mg, qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C, Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: The request for Senexon 8.6mg, qty 60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend that ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances with the patient. Prophylactic treatment of constipation should be initiated. Long term users of opioids, for 6 months or more, should have documentation of adverse effects, including constipation. The documentation of constipation and benefit of this medication was included in this injured worker's chart. However, the request did not specify frequency of administration. Therefore, this request for Senexon 8.6mg, qty 60 with 2 refills is not medically necessary.

DOK Sodium, 250mg, qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C, Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: The request for DOK Sodium, 250mg, qty 60 with 2 refills is not medically necessary. The California MTUS Guidelines recommend that ongoing review of opioids should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of the use of controlled substances with the patient. Prophylactic treatment of constipation should be initiated. Long term users of opioids for 6 months or more should have documentation of adverse effects, including constipation. The documentation of constipation and benefit of this medication was included in this injured worker's chart. However, the request did not specify frequency of administration. Therefore, this request for DOK Sodium, 250mg, qty 60 with 2 refills is not medically necessary.

Norco 10/325mg, qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325mg, qty 180 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or NSAIDs. There is no documentation in the submitted chart of failed trials of NSAIDs, aspirin, or acetaminophen. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325mg, qty 180 is not medically necessary.

Butrans 20mc/hr ER, qty 4 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Butrans 20mc/hr. ER, qty 4 with 1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or NSAIDs. There is no documentation in the submitted chart of failed trials of NSAIDs, aspirin, or acetaminophen. Additionally, there was no frequency specified in the request. The requested dosage is incorrect and a patch was not specified. Therefore, this request for Butrans 20mc/hr. ER, qty 4 with 1 refill is not medically necessary.

Lyrica 75mg, qty 90 with 2 refills: Upheld

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

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

Decision rationale: The request for Lyrica 75mg, qty 90 with 2 refills is not medically necessary. The California MTUS Guidelines recommend anti-epilepsy medication for neuropathic pain. Most randomized controlled trials for the use of this class of medication for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain and none for painful radiculopathy. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. Lyrica has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, and has FDA approval for both indications and is considered a first line treatment for both. It was also approved to treat fibromyalgia. There was no evidence in the submitted documentation that the injured worker had any of the above diagnoses. Additionally, there was

no frequency specified in the request. Therefore, this request for Lyrica 75mg, qty 90 with 2 refills is not medically necessary.