

Case Number:	CM14-0206033		
Date Assigned:	12/18/2014	Date of Injury:	10/28/2002
Decision Date:	02/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year-old male with a 10/28/2002 date of injury. According to the 11/18/14 family practice report, the patient presents for follow-up on a work injury for the neck, back and right shoulder pain. He is also reported to have right knee pain. The report states the patient has been out of medications for 2-weeks and the severity of the condition is 6/10. The physician reports "the patient has had substantial decline in his functional capacity since the denial of the medications" The patient has been diagnosed with cervical sprain; right shoulder bicipital tendinitis; probable right upper extremity radiculitis without radiculopathy; lumbar sprain with radiculitis; right knee chondromalacia; right CTS and cubital tunnel syndrome, non-industrial; right shoulder surgery 8/21/09. There was no discussion of pain levels with use of medications on the 11/18/14 report. The prior evaluation is dated 10/16/14. The pain levels for the back is reported as 8-9/10, for the shoulder, the pain is 9/10. The physician states that the patient had all medications denied at that time as well. Six medical reports are reviewed from 5/19/14 through 11/18/14. The physician documents the patient's pain level, but none of the available reports discuss decrease in pain levels with use of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The request is for continued use of Pristiq 50mg #30. Pristiq is an SNRI antidepressant. There are 6 medical reports provided for the 6-month period 5/19/14 through 11/18/14. The available records note use of Pristiq but do not document any improvement in pain, function, or quality of life. MTUS Chronic Pain Medical Treatment Guidelines, pg. 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines, pg. 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS does recommend use of SNRIs for chronic pain, but MTUS does not recommend continued treatment without documentation of functional improvement. Based on the available medical reports, the request for Pristiq 50mg, #30 is not medically necessary.

Norco 10/300mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: The request is for continued use of Norco 10/300mg #120. There are 6 medical reports provided for the 6-month period 5/19/14 through 11/18/14. The available records note use of Norco but do not document any improvement in pain, function, or quality of life. California MTUS Chronic Pain Medical Treatment Guidelines, page(s) 88-89 for "Opioids, long-term assessment criteria for use of Opioids Long-term Users of Opioids (6-months or more)" provides the criteria "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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The medical records for the prior 6-months did not show evaluation of function using a numeric scale or validated instrument. There is no documentation of a satisfactory response with use of the Norco with decreased pain or improved function or quality of life. The request is for continued use of Norco 10/300mg #120 is not medically necessary.

Lyrica 150mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The request is for continued use of Lyrica 150mg #60 with 3 refills. There are 6 medical reports provided for the 6-month period 5/19/14 through 11/18/14. The available records note use of Lyrica but do not document any improvement in pain, function, or quality of life. MTUS, page 16-18 Antiepilepsy drugs (AEDs) states Recommended for neuropathic pain (pain due to nerve damage. MTUS, page 19-20, under specific anti-epilepsy drugs for Pregabalin (Lyrica, no generic available) states this "has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." MTUS Chronic Pain Medical Treatment Guidelines pages 16 -18 for Outcomes of anti-epilepsy drugs states: "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails" MTUS does recommend use of Lyrica for neuropathic pain, but MTUS does not recommend continued treatment without documentation of at least 30% reduction in pain. There are no medical reports provided within the past 6-months that document at least 30% reduction in pain with use of Lyrica. The request for Lyrica 150mg #60 with 3 refills is not medically necessary.

Lidoderm 5% patch #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request is for continued use of Lidoderm 5% patch #30 with 3 refills. There are 6 medical reports provided for the 6-month period 5/19/14 through 11/18/14. The available records note use of Lidoderm patches, but did not specify how or where the patches were used, nor do they document any improvement in pain, function, or quality of life. California MTUS chronic pain medical treatment guidelines, pages 111-113, for "Topical Analgesics" states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. The patient is reported to be using antidepressants and anticonvulsants, but there is no reporting on whether these have failed or not. There is no reporting on efficacy of any of the medications. Based on the available medical records, the use of Lidoderm patches is not in accordance with MTUS guidelines. The request is for continued use of Lidoderm 5% patch #30 with 3 refills is not medically necessary.

Ibuprofen 800mg #90 with 3 refills: Upheld

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

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

Decision rationale: The request is for continued use of Ibuprofen 800mg #90 with 3 refills. There are 6 medical reports provided for the 6-month period 5/19/14 through 11/18/14. The available records note use of ibuprofen but do not document any improvement in pain, function, or quality of life. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 for Anti-inflammatory medications states: For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS Chronic Pain Medical Treatment Guidelines, pg. 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS does recommend use of NSAIDs such as ibuprofen for chronic pain, but MTUS does not recommend continued treatment without documentation of functional improvement. Based on the available medical reports, the request for Ibuprofen 800mg #90 with 3 refills is not medically necessary.

Butrans 20mcg #4 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine, under Pain Outcomes and Endpoints Page(s): 26-27; 9.

Decision rationale: The request is for continued use of Butrans 20mcg #4 with 3 refills There are 6 medical reports provided for the 6-month period 5/19/14 through 11/18/14. The available records note use of Butrans patches for over 6-months, but do not document any improvement in pain, function, or quality of life. Butrans patches are a transdermal application of buprenorphine. MTUS pg. 26-27 for Buprenorphine states: Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction (see below for specific recommendations). MTUS Chronic Pain Medical Treatment Guidelines, pg. 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" California MTUS does recommend use of buprenorphine for chronic pain, but MTUS does not recommend continued treatment without documentation of functional improvement. Based on the available medical reports, the request for Ibuprofen 800mg #90 with 3 refills is not medically necessary.