

Case Number:	CM14-0218707		
Date Assigned:	01/08/2015	Date of Injury:	01/24/2011
Decision Date:	04/01/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40 year old female reportedly sustained a work related injury on January 24, 2011 due to a motor vehicle accident (MVA). Diagnoses include disk protrusion with microdiscectomy, diabetes, sciatica, lumbar decompression X2 and radiculopathy. Epidural steroid injection dated November 14, 2014 notes no complications. Physician visit dated November 6, 2014 the injured worker is doing home exercises. Pain is in back and goes down the leg rated 7/10 with medication and 10/10 without medication. She is not working due to pain and anxiety 24 hours a day. The injured worker presents with depressed mood and anxious affect. She complains of nightmares and anxiety about using Ambien due to fear of not awakening if needed. Utilization review mentions epidural steroid injection on November 14 was only effective for 2 days and pain is rated 6/10 with medication. There is also mention of provision for physical therapy, home exercise and orthopedic visits as needed. On December 11, 2014 utilization review modified a request received December 4, 2014 for Norco 10/325 mg #90, MS Contin 15 mg #90, Effexor 150 mg #30 and Lyrica 300 mg #60. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg #90 is not medically necessary.

MS Contin 15mg #90: 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back; opioids.

Decision rationale: MS Contin is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for MS Contin 15 MG # 90 is not medically necessary.

Effexor 150mg #30: 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 Interventions and Treatments Page(s): 15-16.

Decision rationale: Venlafaxine (Effexor) is classified as a serotonin and norepinephrine reuptake inhibitor, commonly used as an antidepressant. MTUS state regarding antidepressants for pain, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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. MTUS further details Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. And Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. As such, the request for Venlafaxine 150 mg #30 is not medically necessary.

Lyrica 300mg #60: 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 Anti-epilepsy drugs Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back; anti-epilepsy drugs.

Decision rationale: MTUS and ODG state that Pregabalin (Lyrica) 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. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. MTUS additionally comments Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). 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. (Eisenberg, 2007) (Jensen, 2006) 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. The patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The medical records provided do not detail any objective improvement over the last several months. Overall, pain improvement has not been documented. Given the lack of subjective and objective improvement, a request for #60 of Lyrica is not appropriate. As such, the request for One prescription of Lyrica 300 mg #60 is not medically necessary.