MAXIMUS Federal Services

Case Number:	CM15-0000095		
Date Assigned:	01/09/2015	Date of Injury:	06/10/2007
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on 6/10/07. The injured worker reported symptoms in the right knee and shoulder. The diagnoses included cervicobrachial syndrome, unstable spine, internal derangement of knee not elsewhere classified, follow up surgery not elsewhere classified and adjustment disorder with depressed mood. Treatments to date have included oral medications, psychological treatment, home exercises and elevation of lower extremities. Provider documentation dated 11/25/14 noted the injured worker presents with right knee and shoulder pain, rated as an average of 4/10, described as "sharp, stabbing, cramping, shooting, burning, tingling, aching, nagging and throbbing", noted as "constant", relieved by "medicine, ice and relaxation" the treating physician is requesting Norco10/325mg.On 12/11/14, Utilization Review non-certified a Norco10/325mg. The California Medical Treatment Utilization Schedule Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73-81.

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

Decision rationale: The patient presents with pain in his right knee and shoulder. The request is for NORCO 10/325 mg. The patient has been taking Norco as early as 04/24/2013. MTUS Guidelines, pages 88-89 state, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 09/18/2014, the patient rated his pain as a 5/10; on 10/03/2014, it was a 6/10; and on 11/25/2014, the pain was at a 4/10. From the 09/18/2014 report to the 10/03/2014, the patient's walking pain changed from a 4/10 to a 2/10, sitting changed from a 4/10 to a 5/10, chores/housework changed from a 6/10 to a 2/10, personal care changed from a 3/10 to a 2/10, leisure activities changed from a 7/10 to a 2/10, sexual activities changed from an 8/10 to a 3/10, and driving changed from a 5/10 to a 2/10. In this case, the treater does provide pain scales and ADLs which demonstrate medication efficacy. However, there is no discussion on any side effects or aberrant behavior provided. The treater does not provide any opiate management issues such as a CURES report, pain contracts, et cetera. No outcome measures are provided either as required by MTUS Guidelines. There are no urine drug screens provided to show if the patient is consistent with his prescribed medications. The treater does not provide proper documentation that is outlined by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Amitiza mcg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-induced constipation treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, has the following regarding lubiprostone - AmitizaÂ®

Decision rationale: This patient presents with continued right knee, right shoulder and constant right rib and hip pain. The patient also complained of neck pain and low back pain. The current request is for Amitiza mcg #60. The patient's medications include hydrocodone/APAP, Naprosyn, Prilosec, and Celexa. The Utilization review denied the request stating that this medication is used for treatment of constipation due to opioids, and the requested Norco is not medically necessary; hence, the request for Amitiza is not medically necessary. The ODG Guidelines, under the pain chapter, has the following regarding lubiprostone (Amitiza) 'recommended only as a possible second-line treatment for opiate-induced constipation. See opioid-induced constipation treatment.' The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation while opiates are used. In this case, there is no medical

rationale provided that supports the use of Amitiza instead of a first-line treatment for constipation. Amitiza is recommended as a second-line treatment and there is no indication that the patient has failed first-line medication for opiate-induced constipation. The requested Amitiza IS NOT medically necessary.

Lyrica 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 19-20.

Decision rationale: This patient presents with continued pain at the right knee, right shoulder, right rib and hip pain. The patient also complains of neck and low back pain. The current request is for Lyrica 150 mg #60. The utilization review denied the request stating that there is no mention of neuropathic pain to warrant the continued use of Lyrica. The MTUS Guidelines page 19-20 has the following regarding pregabalin (Lyrica), 'pregabalin (Lyrica), no generic available, has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, the FDA approval for both indications, and is considered a first-line treatment for both. In June 2007, the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia.' The patient has been utilizing Lyrica since 05/06/2014. As indicated in the progress report dated 06/03/2014, the patient reports 'ongoing lower back pain that radiates into his right hip and down his leg.' The patient also complains of 'neck pain that radiates into his right shoulder blade area.' It was also noted that the patient reported '50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them.' It was noted that Lyrica is used at night to 'offset neuropathic pain.' In this case, given the patient's continued neuropathic pain and documentation of this medications efficacy, the requested Lyrica IS medically necessary.