

Case Number:	CM15-0144039		
Date Assigned:	08/05/2015	Date of Injury:	02/25/2013
Decision Date:	09/24/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii
 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 47 year old male, who sustained an industrial injury on February 25, 2013. He reported low back pain radiating into the left leg and foot. The injured worker was diagnosed as having lumbar strain, musculoligamentous sprain-strain of the lumbar spine, lumbar degenerative disc disease and lateral radiculopathy, status post lumbar fusion in April 2014, chronic low back pain syndrome, chronic pain syndrome, chronic antalgic gait from left radiculopathy, left foot plantar fasciitis secondary to chronic antalgic gait, depression and insomnia. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, lumbar epidural steroid injection, cognitive behavioral therapy in 2013 and 2015, physical therapy, conservative care, medications and work restrictions. Currently, the injured worker continued to report low back pain, left lower extremity radiculitis and sharp pain in the left foot with associated poor sleep and an antalgic gait. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued pain with associated symptoms as noted. He described his pain as constant, throbbing and deep and rated the pain at 8 on a 1-10 scale with 10 being the worst when not using medications and 6-7 on a 1-10 scale with the use of medications. Norco, Tramadol and Naproxen were continued. He reported taking Pamelor prior to surgical intervention however it was discontinued after he noted some side effects. Behavioral therapy was discussed. Magnetic resonance imaging of the lumbar spine revealed generative disc disease with herniated nucleus pulposus and a large central disc herniation. Urinary drug screen on

February 26, 2015, revealed findings inconsistent with expectations. Evaluation on March 27, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Neurontin was added to the current medications. Evaluation on April 22, 2015, revealed continued pain as noted with associated left lower extremity radicular symptoms. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Medications were continued and Pamelor was prescribed. Evaluation on May 20, 2015, revealed continued pain as noted. Evaluation on June 26, 2015, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. Neurontin was discontinued and Lyrica was started. He continued to rate his pain at 8 on a 1-10 scale with 10 being the worst. Medications and the home exercise plan were continued. Lyrica 75mg #90, Norco 10/325mg #80 and Pamelor 25mg #30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 25mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with pain affecting the low back with radiation into the left leg. The current request is for Pamelor 25mg #30. The treating physician report dated 6/26/15 (73B) states, "The Pamelor medication is very helpful to improve his sleep. It is noted that there have been several inappropriate utilization review denials and these will be appealed". The MTUS guidelines on page 15 states, "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem." MTUS on page 122 states, "Recommended. 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." In this case, the treating physician notes that Pamelor is very helpful in improving the patient's sleep. Furthermore, the patient has been taking Pamelor for his pain and sleep disturbance, and the treating physician has documented the medication's efficacy as required by the MTUS guidelines on page 60. The current request is medically necessary.

Norco 10/325mg #80: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, criteria for use, Weaning of Medications Page(s): 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back with radiation into the left leg. The current request is for Norco 10/325mg #80. The treating physician report dated 6/26/15 (73B) states, "He notes that the Norco medication is helpful for decreasing pain and increasing function". The report goes on to state, "This is also documented by the use of the Oswestry Disability Index which is a validated instrument for functional evaluation". Oswestry without meds: 72%...Oswestry with meds: 44%". MTUS pages 88 and 89 states "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." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Norco since at least 2/12/15 (6B). The report dated 6/26/15 (72B) notes that the patient's pain has decreased from 8/10 to 7/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ADL's have improved such as the ability to exercise (walk 20-30 min 2x per week). The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Norco has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Lyrica 75mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20, 99.

Decision rationale: The patient presents with pain affecting the low back with radiation into the left leg. The current request is for Lyrica 75mg #90. The treating physician report dated 6/26/15 (73B) states, "He has increased Neurontin to 300 mg 4 a day however has not noticed any improvement. Therefore this will be discontinued and a different neuropathic medication such as Lyrica will be started". The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. The guidelines go on to state, "When to switch to pregabalin: If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications". The physician has documented that the patient presents with chronic low back pain that radiates into the left leg. In this case, the patient has had an inadequate response to Neurontin and the treating physician is initiating a trial of Lyrica. The current request satisfies MTUS guidelines for Lyrica as stated on pages 19 and 99. The current request is medically necessary.