

Case Number:	CM15-0144540		
Date Assigned:	08/05/2015	Date of Injury:	07/10/2007
Decision Date:	09/17/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 51 year old woman sustained an industrial injury on 7-10-2007. The mechanism of injury is not detailed. Diagnoses include cervical degenerative disc disease, bilateral shoulder impingement syndrome with frozen shoulder and rotator cuff tears, lumbar spine sprain-strain with degenerative lumbar spine disc disease and radiculopathy, bilateral knee internal derangement with lateral meniscal tears, dysphagia, and sleep disorder. Treatment has included oral medications, epidural steroid injection, physical therapy, surgical interventions, and acupuncture. Physician notes dated 6-29-2015 show complaints of increasing left knee pain with swelling, cervical spine pain with numbness and tingling to the bilateral hands, lumbar spine pain with numbness and tingling to the bilateral lower extremities, muscle spasms, and constipation. Recommendations include Norco, Lyrica, Dendracin lotion, Docusate sodium-Senna, complete acupuncture sessions, right knee surgery, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 78-81.

Decision rationale: If chronic use is entertained then before initiating therapy baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Continuation of the use of opioids would be best assessed on the basis of evidence for improved functioning and reduced pain. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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. In this circumstance the provider has indicated clearly a significant reduction in pain in concert with the use of Lyrica. Additionally he has clearly indicated attempts to wean the opioid resulting in deteriorations in ADL's and quality of life. The use of the opioids associated with a significant ability to perform routine household tasks. There was consistent use of the prescribed dose of narcotic as well as appropriate results of routine drug screens. In summary, the records indicate that the provider followed the suggested actions for the ongoing management of opioids and covered the "4 A's". I disagree with the UR Non-Certification and concur with the provider that continued use was medically necessary and appropriate.

Lyrica 25mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2
Page(s): 16,17.

Decision rationale: AED's are recommended for neuropathic pain. 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. Lyrica can be considered as first-line therapy for painful polyneuropathy. In this case, the patient manifests radicular symptoms in both the cervical and lumbar nerve root distribution consistent with neuropathic pain. While the patient is also using narcotics and it would be difficult to ascertain the independent role of Lyrica, opioids are considered for use with nociceptive pain rather than neuropathic. In this case the patient reports at least a 30% improvement, if not more, in her radicular symptoms. As such the UR Non-Cert is not supported and the providers continued use of Lyrica is supported and medically necessary.

Docus/Senna 50/8.6mg, #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Opioid-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 77.

Decision rationale: On initiation of opioids prophylactic treatment of constipation should be initiated simultaneously. Since it is my determination that the continued use of opioid analgesics remain in the patients best interest and the provider has documented mild constipation that has responded to this combination product (Docusate/Senna) without ill effect then the UR Non-Cert is not supported and the provider's decision to continue the use of Docusate/Senna is supported and medically necessary.

Dendracin lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 111,112.

Decision rationale: Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dendracin Lotion is a combination of Methyl Salicylate, Benzocaine and Menthol. Methyl Salicylate can be recommended as it has been shown to be significantly better than placebo in chronic pain. Menthol has not been evaluated as efficacious by the FDA and where a compound contains an agent that is not recommended the compound is not recommended. While the provider has indicated that the Dendracin is being used to successfully augment the beneficial effects of the Lyrica during the day, in the face of unacceptable sedation with increasing dosing of the Lyrica, the UR decision for Non-Cert of the Dendracin Lotion is supported and not medically necessary.