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| Case Number: | CM15-0163805 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 12/12/2005 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/03/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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: Arizona, Michigan

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:

The injured worker is a 50 year old male, who sustained an industrial injury on December 12, 2005. He reported a back injury. The injured worker was diagnosed as having osteoarthritis of knee, lumbar postlaminectomy syndrome, lumbosacral radiculitis, chronic pain syndrome, and acquired spondylolisthesis. On January 28, 2015, a MRI of the lumbar spine revealed a prior anterior fusion at L5-S1 (lumbar 5-sacral 1), mild degenerative changes of the lumbar spine without significant spinal canal stenosis, and a left pars defect at L5. On July 21, 2015, x-rays of the lumbar spine revealed probable delayed-pseudoarthrosis at L5-S1. Surgeries to date have included lumbar laminectomy with revision and fusion in 2013, anterior-posterior fusion at L5-S1 in July 2013, and left knee surgery in 1989. Treatment to date has included physical therapy, aquatic therapy, yoga, massage, acupuncture, a meditation program, psychotherapy, cognitive behavioral therapy, ice, heat, a functional restoration program (FRP), walking and stretching, lumbar epidural steroid injections, lumbar facet injections, lumbar medial branch block, trigger point injections, and medications including opioid analgesic, anti-epilepsy, muscle relaxant, topical analgesic, antidepressants, and medical marijuana. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of adjustment disorder with depressed and anxious features. On July 28, 2015, the injured worker reported chronic right-sided low back pain with radiation to the right hip and right medial thigh. The pain was described as aching, burning, sharp, stabbing, and tightness. The pain was constant with variable intensity. The physical exam revealed a normal gait and posture. The treatment plan includes continuing the Norco and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1 tab every 4 hours as needed #180 fill until 9/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines Norco is a short-acting opioid that is used to treat chronic back pain. The long term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "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 addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. The medical records refer to appropriate Controlled Substance Utilization Review and Evaluation System (CURES) reports, appropriate urine toxicology screens, and a signed opiate agreement, but these documents were not included in the provided medical records. There was lack of documentation of a risk assessment profile and attempt at weaning-tapering. Therefore, the Norco is not medically necessary.

Norco 10-325mg 1 tablet every 4 hours as needed, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines Norco is a short-acting opioid that is used to treat chronic back pain. The long term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "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 addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. The medical records refer to appropriate Controlled Substance Utilization Review and Evaluation System (CURES) reports, appropriate urine toxicology screens, and a signed opiate agreement, but these documents were not included in the provided medical records. There was lack of documentation of a risk assessment profile and attempt at weaning-tapering. Therefore, the Norco is not medically necessary.

Lyrica 100mg 1 capsule 2 times a day, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs, also referred to as anti-convulsants, for neuropathic pain (pain due to nerve damage). A 50% reduction in pain is defined as a good response to the use of anti-epilepsy drugs and a 30% reduction in pain is defined as a moderate response. A less than 30% response to the use of anti-epilepsy drugs may prompt a switch to a different first-line agent (tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors or anti-epilepsy drugs are considered first-line treatment) or combination therapy if treatment with a single drug agent fails. Per the CMTUS, Lyrica has been approved by the Food and Drug Administration (FDA) for first-line treatment for diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. There is a lack of documentation of a 30-50% reduction in pain and a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Without this information medical necessity is not established, therefore the request for Lyrica is not medically necessary.