

Case Number:	CM15-0167937		
Date Assigned:	09/08/2015	Date of Injury:	10/19/2000
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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 60-year-old female who sustained an industrial injury on 10/19/00. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints increased pain. Current diagnoses cervical and lumbar degenerative disc disease, depression, and degenerative joint disease of the shoulder. In a progress note dated 07-24-15, the treating provider reports the plan of care as medications including Cymbalta, MS Contin, senokot, and gabapentin. The requested treatments include MS Contin and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg Qty: 90.00: Overturned

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 patient presents with neck and low back pain. The current request is for Lyrica 150mg quantity 90. The treating physician's report dated 07/24/2015 (62C) states, "Trouble with increased pain off Lyrica." Gaba does not help as much as Lyrica. Medical records show that the patient was prescribed Lyrica on 02/2014. The MTUS Guidelines page 19 and 20 on Lyrica states "Has been documented to be effective for the treatment of diabetic neuropathy and post-herpetic neuralgia. This medication also has an anti-anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The treatment report dated 03/16/2015 (20C) notes, "Medications are helping with pain." In this case, the physician has noted medication efficacy and the continued use are warranted. The current request is medically necessary.

MS Contin 15mg Qty: 90.00: 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.

Decision rationale: The patient presents with neck and low back pain. The current request is for MS Contin 15mg quantity 90. The treating physician's report dated 07/24/2015 (62C) notes that the patient's pain level is 6/10; his usual interval pain level is 5-7/10. The urine drug test from 06/11/2015 (47C) shows consistent results. The patient reports doing regular exercise. She is also independent on activities of daily living. The patient was prescribed MS Contin on 02/2014. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. There is no documentation of "after" pain scales with medication use. The physician does not provide specific examples of ADLs to demonstrate medication efficacy. No outcome measures were provided as required by MTUS Guidelines. In this case, the physician did not provide the proper documentation required by MTUS Guidelines for continued opiate use. The current request is not medically necessary.