

Case Number:	CM15-0184159		
Date Assigned:	09/24/2015	Date of Injury:	03/23/2008
Decision Date:	11/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 62-year-old female, who sustained an industrial injury on 3-23-2008. The injured worker was being treated for lumbar degenerative disc disease, postlaminectomy syndrome of the lumbar region, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, and lumbar facet joint arthropathy. On 9-2-2015, the injured worker reported ongoing low back, right hip, right leg, and bilateral lower extremity pain, which is rated 10 out of 10 without medication and 5-6 with medication. The injured worker reported that Gabapentin was not working for her. It was noted that in the progress note (9-2-2015) that Gabapentin making her drowsy. The injured worker reported that Lyrica really worked for her. The physical exam (9-9-2015) revealed severe lumbosacral pain to touch with movement, a positive straight leg raise, restricted flexion of 20 degrees, inability to extend, and restricted lateral bending of 30 degrees, and a negative Patrick's. There was hypoesthesia over bilateral feet and severe dysesthesia on the bottom of the left foot that wrapped around to the ankle. Per the treating physician (8-14-2015 report), electromyography and nerve conduction study was performed on 6-29-2015. The nerve conduction study revealed evidence of fibular nerve axonal loss and impingement across the fibular head. The electromyography findings suggested a problem near the L5-S1 (lumbar 5-sacral 1) nerve root on the right side and evidence of bilateral sural loss. Per the treating physician (8-14-2015 report), a CT myelogram was performed on 7-27-2015, which revealed the injured worker has undergone replacement at L4-5 (lumbar 4-5) and L5-S1 (lumbar 5-sacral 1) without evidence of loosening or complication. There was mild degenerative joint disease in facets at the lower 2 levels, mild disc disease and annular bulging at

L2-3 (lumbar 2-3) and L3-4 (lumbar 3-4). Per the treating physician (9-2-2015 report), an MRI of the lumbar spine from 1-24-2013 revealed at L2-3 (lumbar 2-3) and L3-4 (lumbar 3-4), there was minimal broad-based disc bulge and annular tear minimally impressing on the ventral thecal sac. At L3-4, there was minimal bilateral facet arthrosis. At L4-5 (lumbar 4-5) and L5-S1 (lumbar 5 -sacral 1), there was moderate bilateral facet arthrosis. Surgeries to date include an anterior lumbar interbody fusion in 2009. Treatment has included injections and medications including pain (Dilaudid) and anti-epilepsy (Gabapentin). On 9-2-2015, the requested treatments included Hydromorphone 4mg #120 and Lyrica 25mg #90. On 9-17-2015, the original utilization review non-certified a request for Hydromorphone 4mg #120 due to a lack of documentation of opioid compliance guidelines and lack of objective evidence of functional benefit from opioid medication and non-certified a request for Lyrica 25mg #90 due to a lack of objective evidence of functional benefit from Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydromorphone 4mg #120: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking hydromorphone and other opioids for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, there is no evidence of a pain contract or urine drug screen. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Hydromorphone 4mg #120 is determined to not be medically necessary.

Lyrica 25mg #90: 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 MTUS Guidelines recommend the use of Lyrica for the treatment of diabetic neuropathy and post herpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker has been on this medication for substantial time without documentation of the benefit received from it. The guidelines define a good response as a 50% reduction in pain and a moderate response as a 30% reduction. Anti-epilepsy drugs are also recommended if they are successful in reducing the use of opioid pain medications, which has not been documented. Lyrica should not be discontinued abruptly, and weaning should occur over a one-week period. This request is not for a weaning dose however. The request for Lyrica 25mg #90 is determined to not be medically necessary.