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| Case Number: | CM15-0196866 | | |
| Date Assigned: | 10/12/2015 | Date of Injury: | 04/05/1996 |
| Decision Date: | 11/30/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 10/06/2015 |

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: 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 57 year old female who sustained an industrial injury on 4-5-1996. A review of medical records indicates the injured worker is being treated for failed pulse generator, chronic intractable pain, L4-S1 disc degeneration, L4-S1 stenosis, status post L4-S1 anterior posterior fusion, post-operative leg radiculopathy, bilaterally, left hip greater trochanteric bursitis, and status post revision pulse generator. Medical records dated 8-19-2015 noted bilateral hip pain extending into the buttocks and down the posterior thighs through the calves into the dorsal feet. She rates her pain a 5 out of 10 and increases to an 8 out of 10 without medications. Pain has remained unchanged from previous visit. Physical examination noted a normal gait and normal heel toe swing through gait with no evidence of limp. There was no tenderness over the pulse generator. Treatment has included Butrans patch since 8-19-2015, Lyrica, and Soma since at least 3-2-2015. Utilization review form dated 8-31-2015 noncertified Butrans patch, Lyrica 100mg #60, and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15 mcg #4 with 2 refills: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with bilateral hip pain extending into the buttocks and down posterior thighs through the calves into the dorsal feet. The patient is status post L4-S1 anterior/posterior fusion on 10/26/10. The request is for BUTRANS PATCH 15 MCG #4 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 08/19/15 includes L4-S1 disc degeneration, L4-S1 stenosis, bilateral post operative leg radiculopathy, left hip greater trochanteric bursitis, failed pulse generator, chronic intractable pain. Physical examination on 08/19/15 noted a normal gait and normal heel toe swing through gait with no evidence of limp. Treatment to date has included surgery, imaging and electrodiagnostic studies, spinal cord stimulator, lumbar ESI's, and medications. Patient's medications include Butrans, Lyrica, Soma, Norco, and Prilosec. The patient is permanent and stationary, per 08/19/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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 medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Butrans Patch has been included in patient's medications, per progress reports dated 04/27/15, 08/19/15, and 09/09/15. It is not known when this medication was initiated. Per 08/19/15 report, patient's pain is rated 5/10 with and 8/10 without medications. Treater states in 09/09/15 report the patient "is taking medications as prescribed pain is decreased and his function is improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medication. There are no aberrant drug behaviors our patient's sign and agree to a treatment contract which documents their understanding and willingness to abide by the expectations of opioid use." UDS report dated 07/21/15 provided. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. This request appears to be in accordance with guidelines. Therefore, this request IS medically necessary.

Lyrica 100 mg #60 with 2 refills: 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: Based on the 08/19/15 progress report provided by treating physician, the patient presents with bilateral hip pain extending into the buttocks and down posterior thighs through the calves into the dorsal feet. The patient is status post L4-S1 anterior/posterior fusion on 10/26/10. The request is for LYRICA 100 MG #60 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 08/19/15 includes L4-S1 disc degeneration, L4-S1 stenosis, bilateral post operative leg radiculopathy, left hip greater trochanteric bursitis, failed pulse generator, chronic intractable pain. Physical examination on 08/19/15 noted a normal gait and normal heel toe swing through gait with no evidence of limp. Treatment to date has included surgery, imaging and electrodiagnostic studies, spinal cord stimulator, lumbar ESI's, and medications. Patient's medications include Butrans, Lyrica, Soma, Norco, and Prilosec. The patient is permanent and stationary, per 08/19/15 report. MTUS Guidelines, Antiepilepsy drugs (AEDs) section, page 19-20, under Lyrica states: "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. 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 Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Lyrica has been included in patient's medications, per progress reports dated 04/27/15, 08/19/15, and 09/09/15. It is not known when this medication was initiated. Per 08/19/15 report, patient's pain is rated 5/10 with and 8/10 without medications. Treater states in 09/09/15 report the patient "is taking medications as prescribed pain is decreased and his function is improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medication...There are no aberrant drug behaviors." Given the conservative nature of this medication and the documentation of pain relief attributed to medications with evidence of improved functionality, continuation is substantiated. Therefore, the request IS medically necessary.

Soma 350 mg #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): Carisoprodol (Soma).

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with bilateral hip pain extending into the buttocks and down posterior thighs through the calves into the dorsal feet. The patient is status post L4-S1 anterior/posterior fusion on 10/26/10. The request is for SOMA 350 MG #60 WITH 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 08/19/15 includes L4-S1 disc degeneration, L4-S1 stenosis, bilateral post operative leg radiculopathy, left hip greater trochanteric bursitis, failed pulse generator, chronic intractable pain. Physical examination on 08/19/15 noted a normal gait and normal heel toe swing through gait with no evidence of limp. Treatment to date has included surgery, imaging and electrodiagnostic studies, spinal cord stimulator, lumbar ESI's, and medications. Patient's medications include Butrans, Lyrica, Soma, Norco, and Prilosec. The patient is permanent and stationary, per 08/19/15 report. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Soma has been included in patient's medications, per progress reports dated 04/27/15, 08/19/15, and 09/09/15. It is not known when this medication was initiated. Per 08/19/15 report, patient's pain is rated 5/10 with and 8/10 without medications. Treater states in 09/09/15 report the patient "is taking medications as prescribed pain is decreased and his function is improved with the use of these medications and without them, she would have significant difficulty tolerating even routine activities of daily living. She denies negative side effects with the medication. There are no aberrant drug behaviors." However, MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In this case, the patient has been prescribed Soma at least since 04/27/15, which 4 months from UR date of 08/31/15. In addition, the request for quantity 60 with 2 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.