

Case Number:	CM15-0197625		
Date Assigned:	10/13/2015	Date of Injury:	02/14/2012
Decision Date:	12/15/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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 55 year old female who sustained an industrial injury February 14, 2012. Past history included lumbar spine surgery L4-5 decompressive laminectomy x 2 1989 and lumbar radiculopathy. According to a nurse practitioner's progress report dated September 3, 2015, the injured worker presented with increased low back pain rated 7 out of 10 with medication and 10 out of 10 without medication. She reported losing her balance last month and now complains of flank pain. Current medication included Topamax, Lyrica, Percocet, Zanaflex (all ordered since January 27, 2015), and ibuprofen. Objective findings included; antalgic gait, assisted by a cane; cervical spine-range of motion limited by pain, Spurling's maneuver causes pain in the muscles of the neck; lumbar spine-range of motion is restricted by pain; unable to heel toe walk, straight leg raise positive bilaterally, ankle and patellar jerk ¼ on left side and absent on right; left shoulder-movements restricted by pain; left knee-range of motion restricted by pain, tenderness over the medial and lateral joint line; sensory decreased over the lateral foot and anterior thigh, lateral thigh on the right side. The nurse practitioners notes documented a urine drug screen form August 2015 is consistent with medication and a CURES July 21, 2015 is consistent. Diagnoses are; post lumbar laminectomy syndrome; lumbar radiculopathy; migraine unspecified; spasm of muscle. At issue, is a request for authorization dated September 3, 2015 for ibuprofen, Lyrica, Percocet, Topamax, and Zanaflex. Electrodiagnostic studies dated March 31, 2015 (report present in the medical record) impression; evidence of chronic left L4, L5 lumbar radiculopathy without evidence of ongoing denervation; possible chronic right L5 or S1 radiculopathy with some mild evidence of acute radiculopathy; no evidence of focal mononeuropathy or lumbar plexopathy. An x-ray of the bilateral knee, 3 views each dated March 16, 2015, (report present in the medical record) impression mil osteoarthritis. According to

utilization review dated September 11, 2015, the request for Lyrica 150mg take (1) three times a day Quantity: 90 Refill: (3) was modified to Lyrica 150mg take (1) three times a day Quantity: 90 Refills: 0. The request for Topamax 100mg take (1) twice daily Quantity: 60 Refills: (3) was modified to Topamax 100mg take (1) twice daily Quantity: 60 Refills: 0. The request for ibuprofen 600mg take (1) twice daily as needed Quantity: 60 Refills: (5) was modified to ibuprofen 600mg take (1) twice daily as needed Quantity: 60 Refills: (0). The requests for Zanaflex 4mg take (1) twice daily as needed Quantity: 60 Refills: (5) and Percocet 10-325mg take (1) every 4-6 hours as needed for pain (maximum 5 per day) Quantity: 150 Refills: (1) were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg take (1) 3 times a day qty 90, refill; 3 prescribed 9/3/15: Upheld

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

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

Decision rationale: The MTUS states that pregabalin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Lyrica is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. At present, based on the records provided, and the evidence-based guideline review, the request is medically reasonable. The original reviewer modified the request to exclude refills, as the patient will be re-evaluated every 4 weeks to ensure compliance. Lyrica 150mg take (1) 3 times a day qty 90, refill; 3 prescribed 9/3/15 is not medically necessary.

Topamax 100mg take 1 twice a day qty 60, refill; 3 prescribed 9/3/15: Upheld

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

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

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially. At present, based on the records provided, and the evidence-based guideline review, the request is medically reasonable. The original reviewer modified the request to exclude refills, as the patient should be re-evaluated regularly to ensure compliance and medication efficacy. Topamax 100mg take 1 twice a day qty 60, refill; 3 prescribed 9/3/15 is not medically necessary.

Zanaflex 4mg take 1 twice a daily as needed qty 60, refill; 5, prescribed 9/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Zanaflex 4mg take 1 twice a daily as needed qty 60, refill; 5, prescribed 9/3/15 is not medically necessary.

Ibuprofen 600mg take 1 twice daily as needed qty 60, refill; 5 prescribed 9/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS 2009 Chronic Pain Treatment Guidelines recommend NSAIDs as first line therapy for pain. Based on the currently available information and the patient's ongoing complaints, the medical necessity for this medication has been established. However, the original reviewer modified the request to exclude refills, as the patient is to be re-evaluated regularly to ensure compliance and medication efficacy. Ibuprofen 600mg take 1 twice daily as needed qty 60, refill; 5 prescribed 9/3/15 is not medically necessary.

Percocet 10/325mg take 1 every 4-6 hours as needed for pain (maximum 5/day) qty 150, refill; 1 prescribed 9/3/15: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Percocet 10/325mg take 1 every 4-6 hours as needed for pain (maximum 5/day) qty 150, refill; 1 prescribed 9/3/15 is not medically necessary.