

Case Number:	CM15-0199654		
Date Assigned:	10/14/2015	Date of Injury:	08/28/2000
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old male who sustained an industrial injury on 08-28-2000. According to a progress report dated 09-10-2015, the injured worker presented with back pain. Severity level was "moderate-severe." Pain was located in the lower back and gluteal and radiated to the left and right ankle, left and right calf, left and right foot and right thigh. Pain was described as burning, deep, numbness, piercing, sharp, shooting and stabbing. Without medications, pain was rated 10 on a scale of 1-10. With medications, pain was rate 7. In the last month, on average, pain was rated 7. The injured worker reported how much pain had interfered with their activities of daily living using a scale from 0-10 where 0 is no interference and 10 is unable to carry on any activities in the last month, at a level of 9. With medications, the injured worker was able to do simple chores around the house and minimal activities outside of the house two days a week. Without medications, the injured worker was able to stay in bed at least half of the day and had no contact with the outside world. According to the progress report, CURES was last addressed on 09-05-2013. Urine drug screen was performed on 03-05-2014. Medication regimen included Lyrica, Kadian, Ibuprofen and Hydrocodone-APAP. Medications listed under allergies included Morphine Kadian (ineffective), Sulfate and Naproxen (upset stomach). Assessment included failed back surgery syndrome lumbar, acquired spondylolisthesis chronic, sleep disturbances, spasm of back muscles, spinal stenosis of lumbar region, myalgia and myositis unspecified, COAT, radiculopathy thoracic or lumbosacral chronic, chronic pain, spinal fusion, degenerative disc disease lumbar chronic and depression. The provider noted that the request for Kadian had been modified and that as a result of this reduction, the injured worker

was "not able to function very well." Medications were renewed and CURES was reviewed. Norco was reduced to four times a day. The injured worker was willing to taper his pain medications down as long as he was not in intense pain and could still function. The injured worker was permanent and stationary. Follow up was indicated in one month. Documentation shows use of Lyrica dating back to 2013 and use of Kadian dating back to 2014. On 09-22-2015, Utilization Review modified the request for Lyrica 50 mg #180 with 1 refill and Kadian 30 mg #90 and authorized the request for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs), Pregabalin (Lyrica).

Decision rationale: Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) due to the Lyrica specifically and no documentation of specific objective functional improvement due to the Lyrica specifically. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Lyrica 50mg #180 with 1 refill is not medically necessary.

Kadian 30mg #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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Kadian 30mg #90, California Pain Medical Treatment Guidelines state that Kadian is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is no indication that the Kadian specifically is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS due to the Kadian alone), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. There is indication that the medications are improving the patient's subjective function and pain but which is doing more than another subjectively is not clear. Moreover, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents when you take in consideration the Norco. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Kadian 30mg #90 is not medically necessary.