

<b>Case Number:</b>	CM15-0203801		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, Oregon,  
 Washington Certification(s)/Specialty: Orthopedic  
 Surgery

### 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 54 year old female, who sustained an industrial injury on 6-4-03. The documentation on 9-29-15 noted that the injured worker has complaints of bilateral legs, neck, bilateral shoulders, bilateral buttocks, left elbow, bilateral hips, bilateral hands, bilateral knees and bilateral ankles and feet pain. The documentation noted that the purpose of 9-29-15 visit was for medication maintenance. The injured worker was requesting to increase the lyrica back to 450mg three times a day, she had decreased it from 600mg to 450mg over the past few months and last visit was decreased to 300mg last visit but does not remember having a discussion about it. The documentation noted that there was no change in pain control since her last visit. The frequency of pain and spasticity is constant and the quality of pain and spasticity is sharp, aching, shooting, throbbing, burning and electrical. The pain is made worse with lifting, sitting, bending, physical activity, standing, twisting, and weather changes and walking. The injured worker reports her pain level is 8 out of 10 at the least and an average is 8 out of 10 and the worst is 8 out of 10 with one being the least and 10 being the worst pain. The documentation noted that the injured worker can tolerate a pain level of 4 out of 10. The diagnoses have included chronic pain syndrome; back pain, lumbar with radiculopathy; left pain and degenerative disc disease, lumbar spine, multiple levels. Treatment to date has included kadian; dilaudid; lyrica; miralax; lidocream and lexapro. The documentation on 9-3-15 noted that the injured worker was on lyrica 150mg every 12 hours. The documentation on 10-1-15 noted that the lyrica was increased to 450mg and it was discussed that the goal is to decrease the medication to at least 300mg per day. The documentation noted on 3-30-15 the injured worker was on lyrica 300mg twice a day. The documentation noted that the injured worker

has been on kadian and dilaudid since at least 3-30-15. The original utilization review (10-7-15) non-certified the request for kadian XR 50mg, one capsule every 8 hours (7am, 3pm and 11pm) #90; lyrica 150mg, one by mouth three times a day #90 and dilaudid 8mg, one half-tablet every 6 to 8 hours for breakthrough pain, maximum two per day #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 150mg, one po tid #90: 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:** Per the CA MTUS Chronic Pain Treatment Guidelines page 19, Specific Anti-Epilepsy Drugs, Pregabalin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 3/30/15 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the request is not medically necessary and the determination is for non-certification.

**Dilaudid 8mg, 1/2 tab q 6-8 hrs for B/T pain, max 2/day #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved

function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 3/30/15. Therefore, the request is not medically necessary and the determination is for non-certification.

**Kadian XR 50mg, one cap q 8hrs (7a, 3p, and 11p) #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain/Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 3/30/15. Therefore, the request is not medically necessary and the determination is for non-certification.