

Case Number:	CM15-0206092		
Date Assigned:	10/22/2015	Date of Injury:	05/31/1996
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 51 year old female, who sustained an industrial injury on 05-31-1996. The injured worker was diagnosed as having post laminectomy syndrome, lumbosacral radiculitis and knee pain. On medical records dated 05-06-2015, 08-04-20-2015 and 10-06-2015, the subjective complaints were noted as chronic low back pain and right knee pain. Symptoms were noted as severe but managed with medication. Objective findings were noted as muscles aches, arthralgias-joint pain, and back pain. Joint swelling over the knee of right lower extremity and range of motion was within normal limits except for flexion, which was limited to 100 degrees. Pain behavior was noted as within expected context of disease. Treatments to date included medication. Current medications were listed as Atenolol, Flector transdermal, Hydrocodone-Acetaminophen, Ibuprofen and Lyrica (since at least 05-2015) and Methadone (since at least 05-2015). The patient's surgical history includes right knee surgery and two lumbar surgeries in 1996 and 1997. The patient had more than 50% improvement with medication and had improved ADL, no misuse and minimal and controllable side effects with opioid therapy. The patient had a UDS on 1/14/15 that was negative for Norco per the notes. The patient was not taking Norco daily. The actual UDS report was not specified in the records provided. Whether the urine drug screen was positive or negative for methadone was not specified in the records provided. An opioid contract was signed on 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 10mg #120 with 1 refill: Upheld

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

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

Decision rationale: Methadone 10mg #120 with 1 refill. This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants for chronic pain), without the use of opioid, was not specified in the records provided. A recent urine drug screen report was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone 10mg #120 with 1 refill is not established for this patient, given the records submitted and the guidelines referenced. Therefore, the request is not medically necessary. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Lyrica 50mg #120 with 1 refill: Overturned

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: Lyrica 50mg #120 with 1 refill. Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptics, "Recommended for neuropathic pain (pain due to nerve damage)." Regarding lyrica/ pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first

approved treatment for fibromyalgia." The patient had diagnoses of post laminectomy syndrome, lumbosacral radiculitis and knee pain. On medical records dated 05-06-2015, 08-04-20-2015 and 10-06-2015, the subjective complaints were noted as chronic low back pain and right knee pain. Symptoms were noted as severe. The patient also had muscle aches, arthralgias-joint pain, and back pain. Objective findings included joint swelling over the knee of right lower extremity and range of motion was within normal limits except for flexion, which was limited to 100 degrees. The patient's surgical history includes right knee surgery and two lumbar surgeries in 1996 and 1997. The patient therefore has chronic myofascial pain along with a history of lumbar radiculitis- nerve related pain. The request for Lyrica 50mg #120 with 1 refill is medically necessary and appropriate for this patient at this time.