

<b>Case Number:</b>	CM15-0206761		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/24/2007
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 52 year old female, who sustained an industrial injury on 10-24-07. The injured worker was being treated for radiculitis, post laminectomy syndrome, degenerative disc disease, low back pain, lumbosacral spondylosis, constipation, depression with anxiety and therapeutic drug monitoring. On 9-10-15, the injured worker complains of low back pain with radiation to bilateral thighs with mild mid-back pain. Disability status is noted to be permanent and stationary. Physical exam performed on 9-10-15 revealed well healed midline lumbar incision, tenderness in right lower paraspinal region with intact range of motion, normal gait and normal strength and sensation. Treatment to date has included transforaminal epidural steroid injections (with greater than 60% improvement in pain), lumbar fusion, spinal cord stimulation trial, oral medications including MS Contin 100mg, Dilaudid 4mg, Lyrica 150mg, Cymbalta 60mg, Baclofen 20mg, Limbrel 500mg and Ibuprofen 800mg; and transdermal Flector patch; and activity modifications. It is unclear how long the injured worker has utilized the medications. The treatment plan included request for continuation of Limbrel 500mg, Dilaudid 4mg #120, Lyrica 150mg #90 with refills and MS Contin 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #120:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 09/10/15 progress report provided by treating physician, the patient has a date of injury of 10/24/07, and presents with low back pain that radiates to the bilateral thighs. The patient is status post XLIF at L2-3 and L4-sacrum fusion on unspecified date. The request is for Dilaudid 4mg #120. RFA with the request not provided. Patient's diagnosis on 09/10/15 includes lumbar thoracic radiculitis, lumbar degenerative disk disease, low back pain, lumbosacral spondylosis and depression with anxiety. Physical exam to the lumbar spine on 09/10/15 revealed well-healed a midline lumbar incision, and tenderness in right lower paraspinal region. Treatment to date has included surgery, lumbar ESI, spinal cord stimulation trial, TENS, IF unit, and medications. Patient's medications include Dilaudid, MS Contin, Lyrica, Cymbalta, Baclofen, Limbrel, Flector patch, Ibuprofen, Senokot, Ondansetron and Amitiza. The patient is permanent and stationary, per 09/10/15 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." MTUS, Opioids for chronic pain Section, pages 80 and 81 states; "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Dilaudid has been included in patient's medications per sole progress report dated 09/10/15 report which has been provided. It is not known when this medication was initiated. Per 09/10/15 report, treater states the patient "Dilaudid is utilized for severe breakthrough pain. [The patient] reports this regimen provides sufficient analgesia at this time. She is meeting her therapeutic goals. She denies any intolerable side effects. She was provided a one-month prescription of MS Contin and Dilaudid with one refill each. Compliance monitoring as of 12/2/14 has been consistent. UDT dated 12/2/14 is positive for morphine and Hydromorphone which is consistent. UDT dated 6/19/15 is positive for morphine and Hydromorphone consistent with her use of MS Contin and Dilaudid. She continues to power walk in the mornings every day. She is also doing some gardening. The patient is independent with activities of daily living. She is not working. She maintains a highly functional lifestyle. Opioid usage is stable. Dilaudid provides an additional 30-40% pain relief for flare ups. Dilaudid has onset after 20-30 mins lasting 3-4 hrs. She averages 3-4 flare ups a day usually related to performing ADL." In this case, the requesting physician has satisfied 4As documentation requirements. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common

example being pain secondary to cancer).” This patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request is not medically necessary.

**Lyrica 150mg #90 with 3 refills:** 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:** Based on the 09/10/15 progress report provided by treating physician, the patient has a date of injury of 10/24/07, and presents with low back pain that radiates to the bilateral thighs. The patient is status post XLIF at L2-3 and L4-sacrum fusion on unspecified date. The request is for Lyrica 150mg #90 with 3 refills. RFA with the request not provided. Patient's diagnosis on 09/10/15 includes lumbar thoracic radiculitis, lumbar degenerative disk disease, low back pain, lumbosacral spondylosis and depression with anxiety. Physical exam to the lumbar spine on 09/10/15 revealed well-healed a midline lumbar incision, and tenderness in right lower paraspinal region. Treatment to date has included surgery, lumbar ESI, spinal cord stimulation trial, TENS, IF unit, and medications. Patient's medications include Dilaudid, MS Contin, Lyrica, Cymbalta, Baclofen, Limbrel, Flector patch, Ibuprofen, Senokot, Ondansetron and Amitiza. The patient is permanent and stationary, per 09/10/15 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." Lyrica has been included in patient's medications per sole progress report dated 09/10/15 report which has been provided. It is not known when this medication was initiated. Per 09/10/15 report, treater states "Lyrica continues to be an effective adjuvant analgesic for the myofascial and neuropathic component of [the patient's] pain. She reports this regimen provides sufficient analgesia at this time. She is meeting her therapeutic goals. She denies any intolerable side effects." 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.

**MS Contin 100mg #60:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 09/10/15 progress report provided by treating physician, the patient has a date of injury of 10/24/07, and presents with low back pain that radiates to the bilateral thighs. The patient is status post XLIF at L2-3 and L4-sacrum fusion on unspecified date.

The request is for ms Contin 100mg #60. RFA with the request not provided. Patient's diagnosis on 09/10/15 includes lumbar thoracic radiculitis, lumbar degenerative disk disease, low back pain, lumbosacral spondylosis and depression with anxiety. Physical exam to the lumbar spine on 09/10/15 revealed well-healed a midline lumbar incision, and tenderness in right lower paraspinal region. Treatment to date has included surgery, lumbar ESI, spinal cord stimulation trial, TENS, IF unit, and medications. Patient's medications include Dilaudid, MS Contin, Lyrica, Cymbalta, Baclofen, Limbrel, Flector patch, Ibuprofen, Senokot, Ondansetron and Amitiza. The patient is permanent and stationary, per 09/10/15 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." MTUS, Opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MS Contin has been included in patient's medications per sole progress report dated 09/10/15 report which has been provided. It is not known when this medication was initiated. Per 09/10/15 report, treater states the patient "continues with the use of MS Contin for management of her around-the-clock pain. [The patient] reports this regimen provides sufficient analgesia at this time. She is meeting her therapeutic goals. She denies any intolerable side effects. She was provided a one-month prescription of MS Contin and Dilaudid with one refill each. She continues to power walk in the mornings every day. She is also doing some gardening. The patient is independent with activities of daily living. She is not working. She maintains a highly functional lifestyle. Opioid usage is stable. She reports minimum 30% analgesia for her chronic around the clock pain with onset after 30 mins and lasting 10-12 hrs." In this case, the requesting physician has satisfied 4As documentation requirements. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic complaints, without evidence of an existing condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request is not medically necessary.