MAXIMUS Federal Services

Case Number:	CM15-0212328		
Date Assigned:	11/02/2015	Date of Injury:	05/08/2009
Decision Date:	12/11/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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: North Carolina
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:

The injured worker is a 27 year old male, who sustained an industrial injury on 5-8-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, neck pain, lumbar radiculopathy-S1 radiculitis, lumbar degenerative disc disease, myalgia, and lumbago. On 10-6-2015, the injured worker reported low back pain rated 5 out of 10 on the visual analog scale (VAS) without medications and 3 out of 10 with medications, unchanged since the previous visit of 9-8-2015, with the pain reported to be better since the last appointment. The Primary Treating Physician's report dated 10-6-2015, noted the injured worker continued to use his TENS, able to work modified duty with the help of his medications, TENS unit, and therapy. The injured worker's current medications were noted to include Norco, Naproxen, and Lyrica, all noted to have been prescribed since at least 2-17-2015, noted to be helpful and well tolerated able to work, able to do activities of daily living (ADLs), and take care of his newborn son. The injured worker was also noted to be using Lidoderm patches. The physical examination was noted to show sensation diminished in the L5-s1 dermatomes with sacroiliac joints tender to palpation bilaterally and positive straight leg raise with diffuse lumbosacral paraspinal tenderness to palpation with muscle lightness. The treatment plan was noted to include continued home exercise program (HEP), TENS, heat, and ice with Norco, Naproxen, and Terocin patches dispensed for the myofascial pain and neuropathic pain and sensitivity, and a script for Lyrica. The Terocin patches were noted to be prescribed to treat the injured worker's pain. The injured worker's work status was noted to be modified duty. The request for authorization dated 10-8-2015, requested Anaprox 550mg #60 (dispensed 10-6-15), Norco 10-325mg #90 (dispensed 10-6-15), Lyrica 50mg #90 with 3 refills

(dispensed 10-6-15), and Terocin patches 4-4% #30 (dispensed 10-6-15). The Utilization Review (UR) dated 10-14-2015, certified Anaprox 550mg #60 (dispensed 10-6-15), modified the request for Lyrica 50mg #90 with 3 refills (dispensed 10-6-15) to allow for Lyrica 50mg #90 with one additional refill only, and non-certified the requests for Terocin patches 4-4% #30 (dispensed 10-6-15) and Norco 10-325mg #90 (dispensed 10-6-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 (dispensed 10/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long- term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.

Lyrica 50mg #90 with 3 refills (dispensed 10/6/15): Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on Lyrica states: Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic 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. (Blommel, 2007) This medication also has an anti-anxiety effect. The FDA as treatment for generalized anxiety disorder and social anxiety disorder is considering Pregabalin. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. (ICSI, 2007) (Tassone, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Crofford, 2005) (Stacey, 2008) The

patient does not have the diagnoses of diabetic neuropathy, fibromyalgia or post herpetic neuropathy. There is no documentation of failure of other first line agents for peripheral neuropathy. Therefore guideline recommendations have not been met and the request is not medically necessary.

Terocin patches 4-4% #30 (dispensed 10/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.