

Case Number:	CM15-0212835		
Date Assigned:	11/02/2015	Date of Injury:	01/28/2010
Decision Date:	12/14/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/29/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 36 year old female who sustained an industrial injury on 1-28-10. The injured worker reported pain in the low back and bilateral lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy and depression related to chronic pain. Medical records dated 9-29-15 indicate pain rated at 7 out of 10. Records indicate the injured worker is having "difficulty getting out of bed and taking a shower." Provider documentation dated 8-31-15 noted the work status as modified duty. Treatment has included Norco since at least June of 2015, Lyrica since at least June of 2015, Soma since at least June of 2015, a transcutaneous electrical nerve stimulation unit, Psychiatrist, Trazodone since at least June of 2015, Lexapro, radiographic studies, magnetic resonance imaging, computed tomography, status post lumbar fusion. Objective findings dated 9-29-15 were notable for slow and antalgic gait, lumbosacral paraspinal tenderness and tenderness to palpation to the bilateral gluteal with limited lumbar flexion, sensation diminished to light touch to the left lower extremity. The treating physician indicates that the urine drug testing result (12-23-14) showed no aberration. The original utilization review denied a request for Norco 10/325mg, #180, Baclofen 10mg #60 and Lyrica 150mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: 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, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage having been on this medication since at least June of 2015. MTUS does not discourage use of opioids past 2 weeks, but does state that "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 treating physician provided a response to the prior UR detailing improved ADL's, pain relief and a minimal decrease in medication use. However, the available medical record does not provide objective descriptions of functional improvement (such as increased flexion, strength, etc.) or least reported pain, average pain, time to pain relief, etc. Prior UR's have recommended weaning which would be appropriate. As such, the request for Norco 325/10mg # 180 is deemed not medically necessary.

Baclofen 10mg #60: Upheld

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

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

Decision rationale: Baclofen is classified as a muscle relaxant. MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP...Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Short term treatment per guidelines is 2-3 weeks. Additionally, MTUS states "Baclofen: The mechanism of action is blockade of the pre- and post-synaptic GABA B receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007)." The treating physician has not provided documentation of muscle spasms related to multiple sclerosis or spinal cord injuries. Additionally, the treating physician has noted the failures of other muscle relaxants, but the IW was utilizing carisoprodol

since at least June of 2015. This IW has far exceeded the "short term" treatment window for muscle relaxants, This request alone exceeds the guideline. Changing the specific medication cannot be seen as a rationale for considering the treatment to be initial as opposed to chronic. As such the request for Baclofen 10mg, #60 is deemed not medically necessary.

Lyrica 150mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state that "Pregabalin 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. Pregabalin was also approved to treat fibromyalgia." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage)...A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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 patient appears to have established neuropathic pain for which Lyrica is an appropriate medication. The medical records note pain ratings of 5/10 with medication. This rating is the result of combined pain medication effects, but this medication is appropriate for this IW's diagnosis and the, very limited, available medical record does provide some indication that pregabalin may provide limited pain relief apart from the other regimen medications, the implication being that the relief provided is at or near the 30% level, which as noted above would be considered a "moderate" response. As this medication is appropriate in this indication and is providing at least a moderate degree of benefit, I am reversing the prior UR and deem the request for Lyrica 150mg #60 to be medically necessary.