MAXIMUS Federal Services

Case Number:	CM15-0214693		
Date Assigned:	11/04/2015	Date of Injury:	10/19/2010
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/02/2015

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: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on 10-19-10. The injured worker was being treated for myalgia and myositis, cervicalgia and spasm of muscle. On 7-23-15, 8-20-15 and 9-23-15, the injured worker reports no changes in back, neck and right shoulder pain rated 4 out of 10 with medications and 8 out of 10 without medications. She notes medications have provided functional improvement by increasing her mobility. Duration of pain relief following medication administration is not noted. Work status is noted to be modified duties. Physical exam performed on 7-23-15, 8-20-15 and 9-23-15 revealed restricted hip range of motion, right sided cervical and thoracic spine paraspinal spasms, slight restriction of cervical spine range of motion, some crepitus with knee motion and noted twitch response to deep palpation in 3 areas caused increase in right hand numbness and tingling. Treatment to date has included spinal fusion, oral medications including Lyrica (since at least 5-14-15), amitriptyline, Nabumetone (since at least 5-14-15) and Tylenol, trigger point injections and activity modifications. The treatment plan included prescriptions for Lyrica 75mg #60 with 1 refill and Nabumetone 500mg #60 with 2 refills. On 10-14-15 request for Lyrica 75mg #60 with 1 refill was modified to #60 without refill and Nabumetone 500mg #60 with 2 refills was modified to #60 without refill by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed this medication since May 2015. There is objective evidence of quantifiable pain relief and functional improvement. The continued use of opioids is supported in this case. However, the request for 2 refills is not supported as the injured worker is scheduled to be follow-up with the primary treating physician in one month. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Nabumetone 500mg #60 with 2 refills is determined to not be medically necessary.

Lyrica 75mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Anti-epilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports, and the use of Lyrica has provided increased function. However, the injured worker is due to be followed-up in one month; therefore, this request for 2 refills is not supported. The request for Lyrica 75mg #60 with 2 refills is determined to not be medically necessary.