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| Case Number: | CM15-0221656 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 06/13/1999 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 11/01/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 60 year old female, who sustained an industrial injury on 06-13-1999. She has reported injury to the neck and low back. The diagnoses have included cervical pain; cervical facet syndrome; low back pain; and lumbar facet syndrome. Treatment to date has included medications, diagnostics, home exercise program, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injections, and nerve blocks. Medications have included methadone HCl, Norco, Lyrica, Zanaflex, Celexa, Senokot, and Ambien. A progress report from the treating physician, dated 09-22-2015, documented an evaluation with the injured worker. The injured worker reported neck pain and lower backache; she rates her pain with medications as 5 out of 10 in intensity; she rates her pain without medications as 10 out of 10 in intensity; pain is unchanged since her last visit; she states that her medications are being authorized, and her pain has been stable; the "medications when available and filled appropriately, are effective at decreasing pain and allow (her) to better participate in her activities of daily living"; quality of sleep is fair; and activity level has remained the same. Objective findings included she appears to be calm and in pain; she does not show signs of intoxication or withdrawal; antalgic, slowed gait; assisted by walker; restricted cervical spine range of motion; hypertonicity, spasm, tenderness, and tight muscle band is noted on the left side of cervical spine; tenderness is noted at the paracervical muscles, trapezius; tenderness to palpation over the left facet joints; cervical facet loading causes pain in the neck on the left side; lumbar range of motion is restricted; on palpation, paravertebral muscles, hypertonicity, spasm, tenderness, and tight muscle band is noted on both the sides; spinous process tenderness is noted on L4 and L5; and motor testing is

limited by pain. The provider noted that the CURES report, checked 09-22-2015, is consistent. The treatment plan has included the request for Lyrica 50 mg #90; and methadone HCl 10 mg #90. The original Utilization Review, dated 11-01-2015, modified the request for Lyrica 50 mg #90, to 1 prescription of Lyrica 50 mg #20; and modified the request for methadone HCl 10 mg #90, to 1 prescription of methadone HCl 10 mg #65.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 MG #90: 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), Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Pregabalin (Lyrica®).

Decision rationale: According to the cited CA MTUS, antiepilepsy drugs (AEDs), such as Lyrica, are recommended for neuropathic pain treatment. Furthermore, Lyrica has FDA approval for treatment of diabetic neuropathy and postherpetic neuralgia. The cited ODG overall recommends Lyrica for neuropathic pain conditions and fibromyalgia, but not in cases of acute pain. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, she has had documented reduction in pain on the visual analog scale and improvement in function; however, it is not clear if the pain reduction is specific to the use of Lyrica. Although the reduced pain is not documented specifically from the use of Lyrica, the injured worker has been stable with her symptoms and medications. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of Lyrica in the case of this injured worker. However, since the injured worker has been stable on her medication regimen, the request for Lyrica 50mg #90 is medically necessary and appropriate at this time.

Methadone HCL 10 MG #90: Overturned

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): Methadone, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, st.

Decision rationale: The cited MTUS guidelines recommend methadone as a second-line drug for moderate to severe pain when the risks are outweighed by potential benefits. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured workers (IW) recent records have included documentation of the pain with and without medication (not specific to methadone), no significant adverse effects, pain contract on file, urine drug testing, CURES report 09-22-2015, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications to include Lyrica. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's. The treating physician's notes indicate the IW has used methadone for baseline pain, and Norco for breakthrough pain, along with first-line medications. In the case of the total morphine equivalent dose exceeding 120 mg, the IW must be followed by pain management, which she currently is. Weaning of opioid should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Furthermore, as described by Utilization Review notes, the IW would benefit from discontinuation of methadone due to history of prolonged use and cardiac history. However, based on the available medical information through 09-22-2105 and cited guidelines, methadone HCl 10 mg #90 is medically necessary and appropriate for ongoing pain management.