

<b>Case Number:</b>	CM15-0030087		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/18/2003
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 64 year old male who sustained an industrial injury on 02/18/2003. He has reported ongoing back pain, neck pain, pain in the left shoulder and pain in the right hand. The pain is intermittent lasting less than 1/3 of the day and occurs frequently lasting about 2/3 of the day. Pain is rated 8.5/10 at its worst, and at its best 6.5/10. Pain interferes with activities of daily living, sleep, and psyche. Diagnoses include lumbar disc disease, lumbar radiculitis, chronic, myofascial pain syndrome, and chronic major depressive mood disorder secondary to chronic musculoskeletal pain. Treatments to date include chiropractic care, acupuncture and massage. Medications include Kadian, Norco, and Soma. He has been prescribed Lyrica for neuropathic pain. A progress note from the treating provider dated 01/15/2015 indicates there is no warmth, erythema or crepitus noted in the joints. Trigger points are present in the lower latissimus dorsi on the left and upper trapezius, lower trapezius, gluteus maximus, quadratus lumborum and thoracolumbar paraspinal muscles bilateral. Pain limits the range of motion of the neck and lumbar spine. The shoulders have forward flexion of 150 degrees bilaterally, strength in bilateral shoulders is slightly diminished. Left hip flexion is severely weak and right hip flexion is mildly weak. Sensation is intact to light touch in dermatomes L3-S1 bilaterally. Treatment plans include refills of the prior listed medications. On 02/05/2015 Utilization Review non-certified a request for Docusate sodium 250mg #60 with 2 refills Official Disability Guidelines (ODG), Pain (Chronic) were cited. On 02/05/2015 Utilization Review non-certified a request for Kadian ER 80mg #60. The MTUS Guidelines were cited. On 02/05/2015 Utilization Review non-certified a request for Lyrica 150mg #30.

The ODG were cited. On 02/05/2015 Utilization Review non-certified a request for Lyrica 150mg #60 with 2 refills. The ODG were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 150mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing back pain, problems sleeping, problems concentrating, headaches, fatigue, and weakness. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 60 tablets of Lyrica (pregabalin) 150mg with two refills is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.

**Lyrica 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** Lyrica (pregabalin) is a medication in the antiepilepsy class. The MTUS Guidelines and FDA support its use in treating diabetic neuropathy, postherpetic neuralgia, fibromyalgia, and partial seizures. It can have euphoric and anti-anxiety side effects. When this medication is no longer providing benefit, the Guidelines support weaning over one week to avoid withdrawal effects. The submitted and reviewed documentation indicated the worker was experiencing back pain, problems sleeping, problems concentrating, headaches, fatigue, and weakness. There was no suggestion the worker had any of the above conditions. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 30 tablets of Lyrica (pregabalin) 150mg is not medically necessary. A one-week wean should be able to be accommodated in the medication the worker already had available.

**Kadian ER 80mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Kadian-ER (morphine) is a long-acting medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts.

Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing back pain, problems sleeping, problems concentrating, headaches, fatigue, and weakness. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. The documentation did not demonstrate the worker had significantly improved pain intensity or function with this medication, explore potential negative side effects, or provide an individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of Kadian-ER (long-acting morphine) 80mg is not medically necessary.

**Docusate sodium 250mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Wald A, et al. Management of chronic constipation in adults. Topic 2636, version 19.0. UpToDate, accessed 04/19/2015.

**Decision rationale:** The MTUS Guidelines encourage the prevention and management of constipation that is caused by opioid pain medications. Docusate is a medication in the stool softener category. It works by allowing more water to enter the stool, making it softer and potentially easier to pass. While docusate has few side effects, it is less effective than other laxatives and treatments available. The submitted and reviewed documentation indicated the worker was experiencing back pain, problems sleeping, problems concentrating, headaches, fatigue, and weakness. There was no mention of other treatments that were tried but had failed to correct this problem. There was no discussion supporting the use of docusate as first line therapy for the prevention of medication-induced constipation. In the absence of such evidence, the current request for sixty tablets of docusate sodium 250mg with two refills is not medically necessary.