

Case Number:	CM15-0040921		
Date Assigned:	03/11/2015	Date of Injury:	09/19/2004
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 66 year old, male patient, who sustained an industrial injury on 09/19/2004. A primary treating progress report, dated 02/05/2015 reported the patient last being seen on 10/06/2014. His last urine drug screen was consistent with prescribed analgesics. The patient continues with subjective complaint of neck pain, status post cervical fusion, radiating to the right shoulder with occasional burning sensations to bilateral hands. He continues to report increased irritation at the IPG site since it has migrated to the belt line. He feels some pain on the battery pack, mainly while driving or when resting back into a seat. He continues with complaint of bilateral leg pains, located distal from the shins down to top and bottoms of feet. He also is found having difficulty driving at times due to cramping. He currently rates his pain a 4 out of 10 in intensity. He states that a past epidural shot was very helpful. He is currently taking 3 tablets of Norco daily with adequate pain control. The Baclofen helps with spasms if taking 6 tabs daily. The Lyrica reduces pain like parasthesias in bilateral lower extremities. He is unable to tolerate NSAIDS. The following diagnoses are applied; lumbar fusion; lumbar radiculopathy; status post spinal cord stimulator implant; cervical spine pain and status post C5-6 cervical fusion on 02/10/2011. The plan of care involved prescribing Baclofen, Voltaren gel, Amitiza, request acupuncture therapy treating low back pain, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 09/19/04 and presents with complaints of neck pain, radiating to the right shoulder with occasional burning sensation to bilateral hands. The patient also continues to have bilateral leg pain. The Request for Authorization is not provided in the medical file. The current request is for Norco 10/325mg #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 state, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. This patient has been utilizing Norco since at least 03/03/14. The progress report dated 02/15/15 documents the patient's pain without medications is 8-9/10 and 4/10 with medications. He is able to perform ADL's, denies side effects and UDS on 08/11/14 was consistent. The progress report dated 08/11/14 notes that with the current medication regimen the patient is able to walk, drive and sleep. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request is medically necessary.

Retro (DOS 3/5/15): Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 09/19/04 and presents with complaints of neck pain, radiating to the right shoulder with occasional burning sensation to bilateral hands. The patient also continues to have bilateral leg pain. The Request for Authorization is not provided in the medical file. The current request is for Retro (DOS 3/5/15): Norco 10/325mg #90. The progress report dated 02/05/15 states that this is a request for Norco 10/325 DND until 03/05/15. For chronic opiate use, the MTUS guidelines pages 88 and 89 state, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADL's, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of

pain relief. This patient has been utilizing Norco since at least 03/03/14. The progress report dated 02/15/15 documents the patient's pain without medications is 8-9/10 and 4/10 with medications. He is able to perform ADL's, denies side effects and UDS on 08/11/14 was consistent. The progress report dated 08/11/14 notes that with the current medication regimen the patient is able to walk, drive and sleep. In this case, the treating physician has provided adequate documentation addressing all the 4A's, as required by MTUS for opiate management. This request is medically necessary.

Lyrica 200mg #30 with refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy drugs (AEDs) Page(s): 19-20.

Decision rationale: This patient has a date of injury of 09/19/04 and presents with complaints of neck pain, radiating to the right shoulder with occasional burning sensation to bilateral hands. The patient also continues to have bilateral leg pain. The Request for Authorization is not provided in the medical file. The current request is for Lyrica 200mg #30 with refill. MTUS Guidelines page 19-20 has the following regarding pregabalin-Lyrica, "pregabalin-Lyrica, no generic available, 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." The progress report dated 08/11/14, states that Lyrica "helps in reducing neuropathic pain." The patient's pain without medications is 8-9/10 and 4/10 with medications. He is able to perform ADL's and denies side effects. In this case, Lyrica is helping the patient's radicular symptoms and decreasing pain levels, allowing the patient to participate in ADL's including driving, walking and sleeping. The requested Lyrica is medically necessary.

Baclofen 10mg #90 with refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient has a date of injury of 09/19/04 and presents with complaints of neck pain, radiating to the right shoulder with occasional burning sensation to bilateral hands. The patient also continues to have bilateral leg pain. The Request for Authorization is not provided in the medical file. The current request is for Baclofen 10mg #90 with refill. The progress report dated 08/11/14 states that Baclofen helps control the muscle spasms that affect his driving. For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as 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 LPB cases, they show no

benefit beyond NSAID and pain and overall improvement." In this case, a short course of muscle relaxant for patient's reduction of pain and muscle spasms may be indicated; however, the treating physician has prescribed this medication since at least 08/11/14 and Baclofen is not recommended for long-term use. The requested Baclofen is medically necessary.