

Case Number:	CM15-0050063		
Date Assigned:	03/23/2015	Date of Injury:	06/29/1991
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: New York
 Certification(s)/Specialty: Emergency 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 60 year old female who sustained an industrial injury on 6/29/1991. Diagnoses include neck pain status post 2 level fusion (2000 and 2004), low back pain, bilateral hip pain and chronic bilateral knee pains. She is status post L4-L5, and L5-S1 laminectomy and discectomy (1993). Diagnostics have including magnetic resonance imaging (MRI) and plain radiographs. Treatments include the aforementioned surgeries, and medications. Per the Primary Treating Physician's Progress Report dated 2/16/2015, the injured worker reported ongoing neck, low back and bilateral hip pain. Her current pain level is 9/10 because she just took her pain medication. Physical examination revealed ongoing painful and limited range of motion of the cervical and lumbar spine. Disability status is permanent and stationary. The IW used a front wheeled walker for stability and support. The plan of care included medication management. On 3/5/2015 Utilization reviewed modified prescription requests for Lyrica, Elavil and Prilosec. It non-certified a request for a urine drug screen, Effexor and Lidoderm patches. These items have been submitted for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens; urine drug screen to assess for the use or the presence of illegal drugs Page(s): 77- 80, 89.

Decision rationale: CA MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." There is no indication in the chart that the prescribed practitioner had concerns regarding the IW's compliance with the opiate prescription and/or illegal drugs. Reports state the IW has had urine drug tests completed within the last year, most recently October 2014, which yielded anticipated results. There was no documentation to support request for increasing number or strength of opiate medications or for early refills. The request for a urine drug screen is not medically necessary.

1 prescription of Effexor 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 45, 123.

Decision rationale: CA MTUS chronic pain guidelines recommend Venlafaxine as a first line option for neuropathic pain. There is no documentation submitted for review that explains a supporting rationale for the prescribing of this medication. It is unclear if it is being utilized in the capacity of an anti-depressant or for chronic pain management. There is no documentation discussing the IW's current use of or effects from this medication. The request does not include dosing and frequency. Without this information the request cannot be supported and the request is considered not medically necessary.

1 prescription of Lidoderm patches #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57.

Decision rationale: CA MTUS is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In submitted documentation, the IW has been prescribed gabapentin, presumably for pain. There is not documentation to support

the failure of this first line agent or intolerance of this medication. As such, the request for Lidoderm patches is not medically necessary.

1 prescription of Lyrica 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Pregabalin Page(s): 58, 99, 16-21.

Decision rationale: Per the MTUS, pregabalin is recommended for neuropathic pain, specifically neuropathic pain resulting from diabetes or post-herpetic conditions. The medication has also been approved for fibromyalgia. There is no good evidence in this case for neuropathic pain or any of the aforementioned conditions. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. None of the reports shows any specific benefit, and all the reports state that pain severely affects all activities. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date. Additionally, the request does not include dosing or frequency. The request for Lyrica on not medically necessary.

1 prescription of Elavil 25mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, chronic pain medical treatment guidelines Page(s): 13, 15.

Decision rationale: According to CA MTUS, Amitriptyline is a tricyclic antidepressant is considered first line treatment for neuropathic pain. Indications include central post stroke pain, post herpetic neuralgia, diabetic polyneuropathy, and post mastectomy pain. The IW does not have these diagnoses. Documentation supports the IW has been taking Amitriptyline, but not discusses specific response to this medication. Additionally, the request does not include frequency or dosing. Without this documentation, the request for Amitriptyline is not medically necessary.

1 prescription of Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does document the IW is taking an NSAID, but does not document any other risk factors or symptoms. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include dosing and frequency. Without this documentation, Prilosec is not medically necessary based on the MTUS.