MAXIMUS Federal Services

Case Number:	CM15-0081255		
Date Assigned:	05/01/2015	Date of Injury:	05/13/1991
Decision Date:	07/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/28/2015

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, Hawaii
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 66 year old male, who sustained an industrial injury on May 13, 1991. The mechanism of injury was not provided. The injured worker has been treated for neck, shoulder, upper extremity, low back and bilateral knee complaints. The diagnoses have included lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, bilateral knee internal derangement, cervical myoligamentous injury, cervical degenerative disc disease, right upper extremity radiculopathy, right shoulder rotator cuff tear, cervicogenic headaches, restless leg syndrome, hypogonadism due to chronic opioid use and medication gastritis. Treatment to date has included medications, radiological studies, epidural steroid injections, bilateral knee braces, electrodiagnostic studies, spinal cord stimulator trial, intrathecal pump trial, left total knee replacement, right knee arthroscopic repair and a lumbar fusion. Current medications include Norco, Motrin, Lyrica and Mirapex, which have been beneficial for the pain. Most current documentation dated December 29, 2014 notes that the injured worker reported worsening neck pain which radiated to the bilateral upper extremities along with cervicogenic headaches. The injured worker was noted to be in mild to moderate distress and ambulated with an antalgic gait. Examination of the cervical spine and lumbar spine revealed tenderness to palpation bilaterally, increased muscle rigidity and trigger points throughout the paraspinal muscles. Range of motion was noted to be decreased. A straight leg raise test was positive bilaterally. The treating physician's plan of care included a request for the medications Norco 10/325 mg # 180, Baclofen 10 mg #60, Lyrica 100 mg # 120 and Mirapex 0.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mirapex 0.5mg 1 tab p.o. qhs #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA online http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm320049.htm MTUS page 60.

Decision rationale: The patient presents 3 weeks post lumbar ESI with 60% relief of symptoms. Lower back pain is rated a 5/10 and neck pain with radiation into the upper extremities with headache has worsened. The current request is for Mirapex 0.5mg 1 tab po qhs #60. The treating physician report dated 12/29/14 (83b) states, "The patient remains on his current oral analgesic medications, which enables him to function and work on a daily basis." It is noted that the Mirapex and bacolofen are used for the patient's restless leg syndrome. There is a statement found in all of the medical reports provided that states the patient is titrated to the least amount of medications possible and that the medications provide functional improvement in ADLs, sleep and quality of life. The MTUS guidelines and ODG guidelines do not address Mirapex. The Food and Drug Administration states, "Mirapex (pramipexole) is a prescription medicine used to treat the signs and symptoms of Parkinson's disease and moderate to severe symptoms of primary restless legs syndrome. It is in a class of medicines called dopamine agonists." MTUS on page 60 requires documentation of pain and function when prescribing chronic pain medications. In this case, the treating physician has stated that the prior usage of Mirapex has helped the patient's restless leg syndrome with decreased pain reported. The current request is medically necessary and the recommendation is for authorization.

Lyrica 100mg 1 tab p.o. qid prn #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The patient presents 3 weeks post lumbar ESI with 60% relief of symptoms. Lower back pain is rated a 5/10 and neck pain with radiation into the upper extremities with headache has worsened. The current request is for Lyrica 100mg 1 tab po qid prn #120. The treating physician report dated 12/29/14 (83b) states, "The patient remains on his current oral analgesic medications, which enables him to function and work on a daily basis." It is noted that the Mirapex and bacolofen are used for the patient's restless leg syndrome. There is a statement found in all of the medical reports provided that states the patient is titrated to the least amount of medications possible and that the medications provide functional improvement in ADLs, sleep

and quality of life. The MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the treating physician has documented that the patient has neuropathic pain that has been decreased with the usage of Lyrica and the patient has functional improvements noted with the medication. The current request is medically necessary and the recommendation is for authorization.

Baclofen 10mg 1 tab p o bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents 3 weeks post lumbar ESI with 60% relief of symptoms. Lower back pain is rated a 5/10 and neck pain with radiation into the upper extremities with headache has worsened. The current request is for Baclofen 10mg 1 tab po bid #60. The treating physician report dated 12/29/14 (83b) states, "The patient remains on his current oral analgesic medications, which enables him to function and work on a daily basis." It is noted that the Mirapex and bacolofen are used for the patient's restless leg syndrome. There is a statement found in all of the medical reports provided that states the patient is titrated to the least amount of medications possible and that the medications provide functional improvement in ADLs, sleep and quality of life. The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician has prescribed Baclofen since at least 4/10/14 and MTUS only supports usage for 2-3 weeks. The current request is not medically necessary and the recommendation is for denial.

Norco 10/325mg 4-6 tabs p.o. qd #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents 3 weeks post lumbar ESI with 60% relief of symptoms. Lower back pain is rated a 5/10 and neck pain with radiation into the upper extremities with headache has worsened. The current request is for Norco 10/325 4-6 tabs po qd #180. The treating physician report dated 12/29/14 (83b) states, "The patient remains on his current oral analgesic medications, which enables him to function and work on a daily basis." It is noted that the Mirapex and bacolofen are used for the patient's restless leg syndrome. There is a statement found in all of the medical reports provided that states the patient is titrated to the least amount of medications possible and that the medications provide functional improvement in ADLs, sleep and quality of life. The treating physician has prescribed Norco since at least 4/10/14. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each

visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "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. In this case, the treating physician has provided a generalized statement that current medications are helping this patient. There are no before or after pain scales used. There is no specific discussion regarding ADLs or any functional improvements with medication usage. There is only a template used that does not provide any specific details regarding how Norco is helping the patient function. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS guidelines.