

<b>Case Number:</b>	CM14-0125909		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female who has submitted a claim for lumbago associated with an industrial injury date of February 6, 2009. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of back pain that shoots down to her left leg rated 3/10 on her best days. Patient needs help shopping, cooking, and cleaning. Physical exam revealed painful restricted ROM in all planes of her low back and tenderness on the left and right lumbar spine. Treatment to date has included surgery, Opioid Medications, Citalopram, Amitriptyline, Baclofen, Cyclobenzaprine, Lyrica and Pramipexole. Utilization review from July 25, 2014 denied the request for Hydrocodone 10/325mg, Methadone HCL 5mg, Methocarbamol 500mg and Lyrica 100mg with 3 refills. The requests for hydrocodone and methadone were denied because there was no documented benefit from them. The request for Methocarbamol was denied because it had been used for a longer time than the period prescribed by the guidelines. The request for Lyrica was denied because there was no evidence that the patient had neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of Chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Hydrocodone for pain since at least January 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Finally the number of pills being requested was not mentioned in the request. Therefore, the request for Hydrocodone 10/325mg is not medically necessary.

**Methadone HCL 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62.

**Decision rationale:** According to pages 61-62 of the CA MTUS Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. In addition, guidelines state that methadone can accumulate in potentially harmful doses and multiple potential drug-drug interactions can occur. In this case, the patient had been using Methadone since at least April 2014. Furthermore, there was no documentation of medications tried and failed prior to the use of the second-line drug, Methadone. In addition, there was no discussion regarding benefits outweighing the risks of Methadone use. Moreover, the present request failed to specify the number of tablets to be dispensed. The request is incomplete. Therefore, the request for Methadone HCL 5mg is not medically necessary.

**Methocarbamol 500mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009: MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, patient was prescribed Methocarbamol since at least April 2014. However, the medical records do not clearly reflect continued functional benefit from its use. The guideline does not recommend long-term use of muscle relaxants, and no discussion regarding weaning was found. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request failed to specify quantity to be dispensed. Therefore, the request for Methocarbamol 500mg is not medically necessary.

**Lyrica 100mg 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 Pregabalin (Lyrica) Page(s): 19-20.

**Decision rationale:** According to page 19 of the California MTUS Guidelines on Chronic Pain Management, Pregabalin (Lyrica) 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. In this case, the patient was taking Lyrica since at least January 2014. However, there was no documentation of continued functional benefit with the use of the medication. Furthermore, the records did not show that the patient suffered from diabetic neuropathy or postherpetic neuralgia. There is no clear indication for continued use of the requested medication. Finally, the number of pills being requested was not mentioned in the request making it incomplete. Therefore, the request for Lyrica 100mg with 3 refills is not medically necessary.