

<b>Case Number:</b>	CM14-0144731		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Ohio. 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 injured worker is a 55-year-old female with a date of injury of December 10, 2004. She had squatted down to lift a patient on to a wheelchair when she experienced back and neck pain. In 2008 she had an anterior spinal fusion at L4-L5 and L5-S1. She complains of chronic headaches, neck pain radiating into the upper extremities, low back pain radiating into the lower extremities, right knee pain, and numbness in the arms and legs. The documentation reflects that her pain levels largely remain unchanged and severe from month-to-month, but also that the medications are providing pain relief and allowing her to care for herself and her household. Specifically, she is able to drive family members to different places. The physical exam reveals tenderness to palpation over the cervical and lumbar spine with reduced range of motion of each. There is tenderness to palpation over the right knee. There is a positive straight leg raise test bilaterally. There is diminished sensation to the entire right arm and the anterior/lateral right leg. Electrodiagnostic studies revealed evidence of bilateral carpal tunnel syndrome but no evidence of cervical/lumbar radiculopathy. The diagnoses include cervical and lumbar degenerative disc disease and degenerative joint disease, chronic daily headaches, carpal tunnel syndrome, depression, and anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ms Contin 30 Mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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

**Decision rationale:** Per guidelines, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. Opioids may be continued if the injured worker has regained employment and/or has improvements in pain and functionality. The documentation suggests no overall improvement in functionality as a consequence of the opioids and is too vague to meaningfully ascertain the impact of the opioids on pain levels. The reported pain levels have not changed over time. Therefore, after evaluation of the submitted documentation, MS Contin 30 Mg #90 is not medically necessary.

**MS Contin 15 Mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 124.

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

**Decision rationale:** Per guidelines, there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. Opioids may be continued if the injured worker has regained employment and/or has improvements in pain and functionality. The documentation suggests no overall improvement in functionality as a consequence of the opioids and is too vague to meaningfully ascertain the impact of the opioids on pain levels. The reported pain levels have not changed over time. Therefore, after evaluation of the submitted documentation, MS Contin 15 Mg #90 is not medically necessary.

**Lyrica 100 Mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy, Pregabalin (Lyrica)..

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

**Decision rationale:** Per guidelines, Anti-epilepsy drugs like Lyrica are recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few randomized trials directed at central pain and none for painful radiculopathy. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Pregabalin (Lyrica), an anticonvulsant, 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. It is recommended for neuropathic pain conditions and fibromyalgia, but not for acute pain. In this instance, the injured has carpal tunnel syndrome which is a neuropathic pain condition. Therefore, Lyrica 100 Mg #90 is medically necessary.