

Case Number:	CM14-0146916		
Date Assigned:	09/12/2014	Date of Injury:	05/08/2006
Decision Date:	10/15/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 51 year old female with an injury date on 05/08/2006. Based on the 08/04/2014 progress report provided by [REDACTED], the patient complains of back pain and arm pain. The patient describes her pain level as moderate-severe, without medication is a 9/10, with medications is a 4/10, and an average 9/10 pain level for the past month. The pain radiates to the left foot, left thigh and right elbow. The patient also complains of discomforting, numbness, shooting, and stabbing pain. The symptoms are relieved by ice and pain medications. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1. Pain in joint involving forearm 2. Facet Arthropathy, chronic 3. Myalgia and myositis, unspecified, chronic 4. COAT [REDACTED] is requesting for Opana 10 mg #60 and Lyrica 75 mg #90 with 1 refill. The utilization review determination being challenged is dated 09/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2013 to 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: According to the 08/04/2014 report by [REDACTED], this patient presents with back pain. The treater is requesting Opana 10 mg #60. Review of the reports show that this patient has been taking Opana since 04/08/2014. MTUS Guideline 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. Review of reports 02/14/14 and 04/08/14 indicates that the patient's pain has reduced from a 7/10 to a 2-3/10 after taking medications. The 06/05/14 report states that the patient's pain decreases from 8/10 to a 3/10 with medications. The recent report from 08/04/14 states that the patient's pain decreases from 9/10 to a 4/10 with medications. For the 02/14/14 to 08/4/14 reports, the patient is capable of doing simple chores around house and minimum activity outside of the home for two days a week. While the treater documents pain reduction with medication, there are lack of specific ADL's or significant change with function documented. Doing simple chores around house and getting out of house 2 days a day are hardly significant improvement with use of chronic opiates, for a 51 year-old woman with non-specific myalgia's and degenerative spinal pain. The reports show no discussion of return to work, pain assessment measures, aberrant behavior and side effects as required by MTUS. The request is not medically necessary.

Lyrica 75mg #90 with 1 Refill: Overturned

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

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

Decision rationale: According to the 08/04/2014 report by [REDACTED], this patient presents with back pain. The treater is requesting for Lyrica 75 mg #90 with 1 refill. Review of the reports show that this patient has been taking Lyrica since 02/14/2014. The MTUS guidelines 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." MTUS page 60 states, "A record of pain and function with the medication should be recorded." Progress report 06/05/14 and 08/04/14, the state, "Lyrica continues to help her elbow radial neuropathy." In this case, the treater is prescribing Lyrica on a long term basis and it appears as though Lyrica is beneficial. The request is medically necessary.