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| Case Number: | CM14-0147890 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 10/05/1998 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 Pain Medicine and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 10/05/1998 due to continuous trauma. The injured worker has diagnoses of chronic pain syndrome, post laminectomy syndrome of the lumbar spine, sacroiliitis, lumbosacral spondylosis without myelopathy, depressive disorder, anxiety state unspecified, and persistent disorder of initiating or maintaining sleep. Past medical treatment consists of surgery, ESIs, physical therapy, SI joint injections, and medication therapy. Medications include hydrocodone/acetaminophen, Nucynta, Lyrica, sertraline, nortriptyline. In 1998, the injured worker underwent lumbar fusion of the L4-5, hardware removal in 2005, hardware removal again in 2006, and right shoulder surgery arthroscopic in 2000. A drug screen urinalysis was submitted on 06/18/2014 showing that the injured worker was positive for THC. On 06/18/2014, the injured worker complained of severe low back pain. Physical examination of the spine revealed flattening of normal lumbar lordosis. It was noted that the injured worker had allodynia to pressure and tap over the lumbar scar. Trigger points were absent and muscle spasms were absent. Straight leg raise was positive bilaterally for lower back pain. Facet tenderness was diffusely tender bilaterally. Facet loading of the lumbar spine was also positive bilaterally. S1 joints were tender bilaterally. Sciatic notch tenderness was absent bilaterally. It was noted that extension was restricted and painful. It was noted that the injured worker had diminished touch sensation at the right lower extremity and sensation of the left lower extremity was also diminished. Treatment plan is for the injured worker to continue use of medications. The request and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. There should also be an assessment of what pain levels were before, during, and after medication administration with VAS. The submitted documentation did not indicate the efficacy of the medication. There was also no evidence showing that the Norco was helping the injured worker with any functional deficits. Additionally, there was no assessment provided for review showing what the injured worker's pain levels were before, during, and after medication administration. There was a drug urinalysis submitted on 06/18/2014 showing that the injured worker was not in compliance with her medications. It was noted that she was positive for THC. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request for Norco 10/325 mg is not medically necessary.

Nucynta 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend providing ongoing education on both benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also stipulate ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be documented in reports. A pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain, and how long pain lasts. Satisfactory response to treatment might be indicated by the patient's decreased pain levels, increased level of function, and improved quality of life. The submitted documentation did not indicate the efficacy of the medication. It is also unclear as to if the Nucynta was helping the injured worker with any functional deficits. Additionally, there was no assessment submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there was a drug test submitted on 06/18/2014 showing that the injured worker was not in compliance with her medications. It is also unclear as to whether the medication was helping the injured worker with any functional deficits. Given the

above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.

Lyrica 100 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 16.

Decision rationale: California MTUS Guidelines indicate that Lyrica is recommended for neuropathic pain. Lyrica is an anticonvulsant that 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. The medication is designated as a schedule V controlled substance because of its causal relationship with euphoria. The medication also has an antianxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. The submitted documentation did not indicate the injured worker had any neuropathic pain. Additionally, there was no indication that the injured worker had a diagnosis of diabetic neuropathy or postherpetic neuralgia. Furthermore, there was no indication if the medication was helping the injured worker with any functional deficits. Also, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.

Sertraline 100 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Zoloft, Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk for dependence. Most guidelines limit the use to 4 weeks. There is no documentation showing that the injured worker had been taking Zoloft since at least 06/2014, exceeding the guideline recommendations for short term therapy. Additionally, there was a lack of efficacy of the medication documented to support continued use. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request for Zoloft is not medically necessary.

Nortriptyline 75 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of analgesic medication, and sleep quality and duration. Side effects including excessive sedation, especially that which would affect work performance, should be assessed. The optimal duration of treatment is not known because most double blind trials have been of short duration, between 6 to 12 weeks. The submitted documentation lacked any evidence of objective assessment of the injured worker's pain levels. The request as submitted also did not indicate the frequency and duration of the medication. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.