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| Case Number: | CM14-0161535 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 10/28/2011 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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 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:

This is a claimant with a date of injury of 10/28/11. A utilization review determination dated 9/29/14 recommends non-certification of Docusate and Flector patch. Lyrica and Ambien were modified. Nortriptyline was certified. A 9/17/14 medical report identifies right ankle and anterior lower leg burning. Pain from meniscal injury is felt locally in the right knee and the RSD/CRPS pain is in the entire lower leg. The patient takes Lyrica, which helps. She uses Flector patches. She has constipation and uses docusate, which helps. She takes Ambien. She takes Nortriptyline and finds this also helps with pain and sleep. A lumbar sympathetic block on 3/20/14 gave her good relief for 2 months. On exam, there is positive allodynia to light touch, less allodynia and better ROM of knee with less pain. Recommendations included Nortriptyline, Docusate, Flector, Lyrica, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drug (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-21 of 127.

Decision rationale: Regarding request for Pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding the side effects from this medication. While there is documentation of neuropathic pain, without clear evidence of efficacy, ongoing use of the medication is not clearly indicated. In the absence of such documentation, the currently requested Pregabalin (Lyrica) is not medically necessary.

Ambien 10 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Sleep Medication

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days may indicate a psychiatric or medical illness. Within the documentation available for review, there are no current complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term management of insomnia as recommended by guidelines. In the absence of such documentation, the currently requested Ambien is not medically necessary.

Docusate Sodium 100 mg #240: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online resource www.drugs.com/ppa/docusate.html

Decision rationale: Regarding the request for Docusate Sodium, the California MTUS and ODG do not specifically address the issue. FDA indications include short-term treatment of

constipation. Within the documentation available for review, there is no indication that the patient is utilizing opioids, which are frequently accompanied by constipation, but the provider does note that the patient has constipation and it is helped by the use of this medication. In light of the above, the currently requested Docusate Sodium is medically necessary.

Flector Patch 1.4 Percent #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Flector, the California MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, there is no clear indication of a condition for which topical NSAID use is supported. In the absence of such documentation, the requested Flector is not medically necessary.