

Case Number:	CM13-0067354		
Date Assigned:	01/03/2014	Date of Injury:	05/13/1991
Decision Date:	02/04/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Internal Medicine, and is licensed to practice in Arizona. 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 67year old man with a work related injury dated 5/13/1991 resulting in chronic pain of the low back and lower extremity pain. The patient has diagnosis including lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy and restless leg syndrome. Previous treatment has included spinal surgery, intrathecal pump trials, bilateral knee surgery, oral analgesic medications and epidural spinal injections. The patient was evaluated by the primary treating physician on 11/20/13. The patient was feeling relief from the epidural steroid injection at S1 done on 7/25/13. He is able to sit and stand for longer periods of time. He is continued on oral analgesic medications including Norco, Fexmid and Neurontin for radicular symptoms. The patient complains of restless leg symptoms described as crawling, creeping, throbbing and itching in the thighs and calves. The exam shows the patient has difficulty transitioning from a seated to a standing position and is ambulating with an antalgic gait favoring the right leg. The plan of care includes changing Neurontin to Lyrica and continuing the other analgesic medications. Current medications include Norco 10/325mg, Motrin 400mg, Lyrica 100mg, Fexmid 7.5mg, Mirapex 0.5mg, Prilosec 20mg, Crestor 5mg, Metformin 1000mg, Pramipexole 0.5mg, Sotalol, Diltiazem 240mg, Lisinopril/HCTZ 10/12.5mg. Under consideration is the medical necessity of Flexmid, Lyrica, Motrin, Mirapex and Norco. These medications were denied during utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5MG BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64-66.

Decision rationale: Flexmid (Cyclobenzaprine) is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In this case the patient has been treated with Flexmid for longer than recommended. Furthermore the patient is already taking Norco and Lyrica. The continued use of Flexmid is not medically necessary.

Lyrica 100mg QID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: According to the MTUS 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. Pregabalin was also approved to treat fibromyalgia. In this case the patient does not have a diagnosis of diabetic neuropathy or postherpetic neuralgia. The continued use of Lyrica is not medically necessary.

Motrin 400mg TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this

case the patient has been managed with NSAIDS chronically. Given the potential adverse effects of NSAIDS, the continued use of Motrin is not medically necessary.

Mirapex 0.5mg Q HS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RXLIST.COM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate.com, Mirapex Drug Information

Decision rationale: According to UptoDate.com the FDA approved indications for the use of Mirapex are Parkinson Disease and moderate to severe primary Restless Leg Syndrome. The documentation doesn't specify if the patient has moderate to severe primary Restless leg syndrome. The continued use of Mirapex isn't medically necessary.

NORCO 10/325MG #180: Upheld

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

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

Decision rationale: Norco 10/325mg is a combination medication including Hydrocodone and Acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case there was no documentation to support functional improvement while taking Norco.