

Case Number:	CM14-0124367		
Date Assigned:	08/08/2014	Date of Injury:	10/17/2000
Decision Date:	06/30/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male, who sustained an industrial injury 10/17/2000. Initial complaints and diagnosis were not clearly documented. On provider visit dated 07/08/2014 on examination he was noted to have limited activities of daily living but are tolerable due to current medication regimen. Gait was noted as ambulating with the assist of a cane. Cervical spine was noted as having pain in bilateral cervical facets and muscle spasms as well with a decreased range of motion. Shoulders were noted to have a decreased range of motion. Per documentation the injured worker also complained of nerve pain radiating the legs from spine. And lumbar spine was noted to have tenderness. The diagnoses have included lumbar degenerative disc disease status post L4-L5 hemilaminectomy and discectomy, lumbosacral radiculopathy, thoracic strain, pain related insomnia and depression, chronic cervicgia, and cervical degenerative disc disease and radiculopathy. The injured worker underwent a lumbar epidurogram and transforaminal injection on 07/14/2014 for lumbar radiculopathy. Treatment to date has included injections, physical therapy, consultations, TENS unit and medication regimen which included Baclofen, Lyrica and Exalgo. A MRI of the lumbar spine without contrast on 03/06/2012 revealed L1 through L5 broad base bulge. The provider requested Baclofen 10mg #60, Lyrica 150mg #150 and Exalgo 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

Decision rationale: According to MTUS guidelines, Baclofen is used to decrease spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). Associated symptoms include exaggerated reflexes, autonomic hyperreflexia, dystonia, contractures, paresis, lack of dexterity and fatigability. (Chou, 2004) There is no documentation that the patient is suffering from a central nervous system induced spasticity. Therefore, the request for Baclofen 10mg #60 is not medically necessary.

Lyrica 150mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain." There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 150mg #150 is not medically necessary.

Exalgo 8mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: EXALGO is Hydromorphone extended release. According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 non adherent) 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." Based on the records, the patient has used opiates since at least 2013 with no significant improvement. There is no significant improvement of function and pain with continuous use of opioids. In addition, there is no recent urine drug screen documenting the patient compliance with prescribed medications. Therefore, the prescription of Exalgo 8mg #30 is not medically necessary.