

Case Number:	CM14-0176971		
Date Assigned:	10/30/2014	Date of Injury:	10/28/2002
Decision Date:	10/08/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/25/2014

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old male with an industrial injury dated 10-28-2002. The injured worker's diagnoses include chronic cervical sprain and strain, probable right upper extremity radiculitis without evidence of radiculopathy, right shoulder bicipital tendinitis, lumbosacral spondylosis sprain and strain with radiculitis of the right lower extremity, degenerative disc and degenerative joint disease at multiple levels of lumbar spine, chronic right sacroiliac (SI) sprain and strain, right knee chondromalacia patella with medial meniscus tear, right carpal tunnel syndrome and decubital syndrome, status post right shoulder surgery August 2009, elevated blood pressure, and leg swelling. Treatment consisted of Magnetic Resonance Imaging (MRI) of cervical spine in 2008, Magnetic Resonance Imaging (MRI) of lumbosacral spine in 2008, Magnetic Resonance Imaging (MRI) of the right knee in 2008, urine drug screen dated 03-12-2014, prescribed medications, and periodic follow up visits. In a progress note dated 09-15-2014, the injured worker reported chronic knee pain rated a 6 out of 10, ongoing back pain rated at a 8-9 out of 10, and shoulder pain rated a 9 out of 10. Objective findings revealed positive Mc Murrays test to the right knee with pain and popping, point tenderness along the acromioclavicular joint (AC) joint of the right shoulder, lateral motion guarding of the right knee with grinding to passive range of motion testing. The treatment plan consisted of medication management, continuation of knee brace, home exercise program and extension of biopsychosocial evaluation. The treating physician prescribed Pristiq #40, Norco #90 and Lyrica #40, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq #40: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Epocrates, Pristiq monograph (<https://online.epocrates.com>).

Decision rationale: Pristiq (desvenlafaxine) is a selective serotonin reuptake inhibitor (SNRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS additionally states concerning SSRIs and pain "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." The treating physician has not provided the reason for prescribing the Pristiq and documentation of a decrease in symptoms. The UR modified the request to allow for weaning which is appropriate. As such, the request for Pristiq #40 is not medically necessary.

Norco #90: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "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."

The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco #90 is not medically necessary.

Lyrica #40: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: MTUS and ODG state that "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. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references." MTUS additionally comments "Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. Recommended for neuropathic pain (pain due to nerve damage). A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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 patient does not have established neuropathic pain for which Lyrica is an appropriate medication. The medical records provided do not detail any objective improvement with use of this medication. Overall, pain improvement has not been documented. Given the lack of subjective and objective improvement, a request is not appropriate. As such, the request for Lyrica #40 is not medically necessary.