

Case Number:	CM14-0213169		
Date Assigned:	12/30/2014	Date of Injury:	02/18/2004
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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

Certification(s)/Specialty: Family Practice

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 worker is a 50 year old male who was injured on 2/18/2004. He was diagnosed with lumbar disc displacement with radiculopathy, cervical disc disease, thoracic disc degenerative disease, and chronic pain syndrome. He was treated with various medications including opioids, muscle relaxants, and anti-epileptics. He was later diagnosed with chronic opioid tolerance. He was also treated with physical therapy, cognitive behavioral therapy, cervical spinal surgery and epidural injections. From 2013 to 2014, previous requests for continuation of Dilaudid and Lyrica, used to treat the worker's pain, were denied due to lack of documented evidence of functional gains directly related to their use. Weaning of the Dilaudid was requested multiple times. Side effects from his medications included light-headedness, drowsiness, sleepiness, dizziness, weakness, tiredness, headache, abdominal pain, swelling of the abdomen, and generally not feeling well, reportedly. On 11/11/14, the worker was seen by his secondary treating physician reporting continual neck pain, back pain, and left shoulder pain, rated 9/10 on the pain scale and associated with numbness, depression, insomnia, and headache. He reported taking Dilaudid 4 mg 4-6 tabs a day, Lyrica 75 mg 3 tabs a day. He reported these medications "decrease pain, improve activity tolerance, no side effects." Physical examination revealed ambulation with wheeled walker, lumbosacral decreased range of motion, and lumbosacral tenderness diffusely. He was then recommended to continue his Dilaudid and Lyrica as well as continue Prilosec, discontinue tramadol, and continue cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #150: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was a brief report of some of the required review items listed above, but they were incomplete in that there was insufficient documentation of specific functional gains directly related to the Dilaudid use. Also, the report of no side effects when prior reports included side effects from this medication, seems inaccurate. Previous reviews suggested weaning due to lack of evidence for overall benefit with use. Continuation of Dilaudid at the dose and frequency requested seems medically unnecessary.

Lyrica 75mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was insufficient evidence from recent notes showing physical evidence of neuropathic pain. Regardless, previous use of this medication did not seem to reduce pain significantly enough to justify continuation, and there is no recent evidence to suggest any different. Considering these factors, the Lyrica, at the dose and frequency taken and requested is not medically necessary.

