MAXIMUS Federal Services

Case Number:	CM14-0096302		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2002
Decision Date:	07/03/2015	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 4/17/02. The injured worker was diagnosed as having chronic low back pain, right sided sciatic pain, myofascial neck pain, pain related depression, pain related insomnia, mild lumbar degenerative disc disease, and ankylosing spondylitis. Treatment to date has included the use of a cane and medications. Physician's reports dated 2/4/15 and 4/1/15 noted pain was rated as 7/10 without medications and 3-4/10 with medications. The injured worker had been taking Norco 10/325mg, Cymbalta 60mg, Ambien 10mg, and Lyrica 200mg since at least 4/12/13. Currently, the injured worker complains of pain in the neck and back with radicular symptoms to the right lower extremity. The treating physician requested authorization for Norco 10/325mg #180 with 2 refills, Cymbalta 60mg #30 with 2 refills, Lyrica 200mg #60 with 2 refills, and Ambien 10mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 07/23/14 progress report provided by treating physician, the patient presents with neck pain and low back pain that radiates to right lower extremity. The request is for Norco 10/325mg, #180 with 2 refills. RFA dated 05/23/14. Patient's diagnosis on 05/20/14 included chronic low back pain, right-sided sciatic pain, myofascial neck pain, mild degenerative disc disease per MRI, apparent ankylosing spondylitis, urinary leakage of unknown etiology, and pain related depression and insomnia. Physical examination to the cervical spine on 05/20/14 revealed tenderness to palpation to the paravertebral muscles and moderately decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation to the paravertebral muscles and positive straight leg raise test on the right. The patient ambulates with a single pointed cane and sometimes with a front wheel walker if his back is particularly aggravated. Patient's work status not available. Treatment reports were provided from 04/12/13 - 04/01/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patients medications, per progress reports dated 04/12/13, 05/20/14 and 08/28/14. Per 05/20/14 report, the patient notes "approximately 50% reduction in his pain with Norco and Lyrica." The patient describes his pain as 7/10 with medications, and 3-4/10 without. The patient's "ability to stand or walk is approximately 20-30 minutes with the use of his medications whereas without his medications his tolerance for such activities is limited to 10-15 minutes." The patient has signed a pain contract and has not exhibited any aberrant behaviors. UDS reports dated 02/04/15 and 04/01/15 were consistent with medications. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

Cymbalta 60mg, #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: Based on the 07/23/14 progress report provided by treating physician, the patient presents with neck pain and low back pain that radiates to right lower extremity. The

request is for Cymbalta 60mg, #30 with 2 refills. RFA dated 05/23/14. Patient's diagnosis on 05/20/14 included chronic low back pain, right-sided sciatic pain, myofascial neck pain, mild degenerative disc disease per MRI, apparent ankylosing spondylitis, urinary leakage of unknown etiology, and pain related depression and insomnia. Physical examination to the cervical spine on 05/20/14 revealed tenderness to palpation to the paravertebral muscles and moderately decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation to the paravertebral muscles and positive straight leg raise test on the right. The patient ambulates with a single pointed cane and sometimes with a front wheel walker if his back is particularly aggravated. Patient's work status not available. Treatment reports were provided from 04/12/13 - 04/01/15. For Cymbalta, the MTUS guidelines page16-17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." Cymbalta has been included in patients medications, per progress reports dated 04/12/13, 05/20/14 and 08/28/14. Per 05/20/14 report the patient describes his pain as 7/10 with medications, and 3-4/10 without. Per 08/28/14 report, Cymbalta "has benefited [patient's] depression and helped improve upon his motivation to engage in activities of daily living... has also improved upon the neuropathic symptoms in his right lower extremity." Given patient's diagnosis and documented benefit, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Lyrica 200mg, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Pregabalin, Lyrica Page(s): 19-20.

Decision rationale: Based on the 07/23/14 progress report provided by treating physician, the patient presents with neck pain and low back pain that radiates to right lower extremity. The request is for Lyrica 200mg #60 with 2 refills. RFA dated 05/23/14. Patient's diagnosis on 05/20/14 included chronic low back pain, right-sided sciatic pain, myofascial neck pain, mild degenerative disc disease per MRI, apparent ankylosing spondylitis, urinary leakage of unknown etiology, and pain related depression and insomnia. Physical examination to the cervical spine on 05/20/14 revealed tenderness to palpation to the paravertebral muscles and moderately decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation to the paravertebral muscles and positive straight leg raise test on the right. The patient ambulates with a single pointed cane and sometimes with a front wheel walker if his back is particularly aggravated. Patient's work status not available. Treatment reports were provided from 04/12/13 - 04/01/15. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post-therapuetic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both." It further states, "Weaning: Do not discontinue prevailing abruptly and weaning should occur over 1-week period. Withdrawal effects have

been reported after abrupt discontinuation." Lyrica has been included in patients medications, per progress reports dated 04/12/13, 05/20/14 and 08/28/14. Per 05/20/14 report, the patient notes "approximately 50% reduction in his pain with Norco and Lyrica." The patient describes his pain as 7/10 with medications, and 3-4/10 without. The patient's "ability to stand or walk is approximately 20-30 minutes with the use of his medications whereas without his medications his tolerance for such activities is limited to 10-15 minutes." Given patient's diagnosis and documented benefit, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Ambien 10mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (chronic); Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 07/23/14 progress report provided by treating physician, the patient presents with neck pain and low back pain that radiates to right lower extremity. The request is for Ambien 10mg #30 with 2 refills. RFA dated 05/23/14. Patient's diagnosis on 05/20/14 included chronic low back pain, right-sided sciatic pain, myofascial neck pain, mild degenerative disc disease per MRI, apparent ankylosing spondylitis, urinary leakage of unknown etiology, and pain related depression and insomnia. Physical examination to the cervical spine on 05/20/14 revealed tenderness to palpation to the paravertebral muscles and moderately decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation to the paravertebral muscles and positive straight leg raise test on the right. The patient ambulates with a single pointed cane and sometimes with a front wheel walker if his back is particularly aggravated. Patient's work status not available. Treatment reports were provided from 04/12/13 - 04/01/15. ACOEM and MTUS Guidelines do not address Ambien.ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Ambien Lyrica has been included in patients medications, per progress reports dated 04/12/13, 05/20/14 and 08/28/14. Per 08/28/14 report, treater states the patient has benefited from Ambien. Ambien has been prescribed at least since 04/12/13, which is more than 1 year and 2 months from UR date of 06/02/14. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Furthermore, the request for quantity 30 with 2 refills does not indicate intended short-term use of this medication. This request is not accordance with guidelines. Therefore, the request IS NOT medically necessary.