

Case Number:	CM15-0115212		
Date Assigned:	06/23/2015	Date of Injury:	10/19/2000
Decision Date:	09/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/16/2015

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 60-year-old female who sustained an industrial injury on 10/19/00. The injured worker was diagnosed as having cervical degenerative disc disease and lumbar degenerative disc disease. Currently, the injured worker was with complaints of pain in the neck and lower back. Previous treatments included medication management and transcutaneous electrical nerve stimulation unit. Previous diagnostic studies were not noted in the provided documentation. The injured workers pain level was noted as 6/10. The urine drug screen dated 5/14/15 was positive for opiates. The plan of care was for a prescription for Lyrica 150 milligrams capsules quantity of 90 and MS Contin 15 milligrams quantity of 90 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg capsules Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica, Anti-epilepsy drugs Page(s): 16-18.

Decision rationale: The patient presents on 06/11/15 with pain in the lumbar spine, shoulder, and neck rated 6-7/10. The patient's date of injury is 10/19/00. Patient has no documented surgical history directed at these complaints. The request is for Lyrica 150MG capsules QTY: 90. The RFA is dated 06/12/15. Progress note dated 06/11/15 does not include any physical findings. The patient is currently prescribed Cymbalta, Senokot, and MS Contin. Diagnostic imaging was not provided. Patient's current work status is not provided. MTUS Guidelines, under Lyrica, page 16 states: 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. MTUS Guidelines, Outcomes of anti-epilepsy drugs section, pages 16-18 states: 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. In regard to the continuation of Lyrica, the requesting physician has not provided documentation of prior efficacy. Progress note dated 06/11/15 documents that this patient has been unable to procure Lyrica for two weeks. The previous progress note, dated 05/14/15 was therefore consulted. This progress note does provide some functional measures, but does not discuss the efficacy this patient's medications outside of a treatment plan statement: "continue with current medications." MTUS guidelines recommend Lyrica for neuropathic conditions, were the requesting physician to provide a statement as to how Lyrica improves this patient's function or reduced pain, the recommendation would be for approval. As no such discussion is provided, continuation of this medication cannot be substantiated. Therefore, the request is not medically necessary.

MS Contin 15mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 06/11/15 with pain in the lumbar spine, shoulder, and neck rated 6-7/10. The patient's date of injury is 10/19/00. Patient has no documented surgical history directed at these complaints. The request is for MS Contin 15MG QTY: 90. The RFA is dated 06/12/15. Progress note dated 06/11/15 does not include any physical findings. The patient is currently prescribed Cymbalta, Senokot, and MS Contin. Diagnostic imaging was not provided. Patient's current work status is not provided. MTUS Guidelines pages Criteria For Use of Opioids (Long-Term Users of Opioids) section, 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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. In regard to the continuation of MS Contin for the management of this patient's chronic pain, the treater has

not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 06/11/15 states under analgesia: "MS Contin only" and under activities states: "hard to do anything." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, documentation of consistent urine drug screening has been provided. However, the physician does not provide any analgesia measures via a validated scale, any activity-specific functional improvements, and does not specifically note a lack of aberrant behaviors. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.