

Case Number:	CM15-0115846		
Date Assigned:	06/24/2015	Date of Injury:	03/21/1993
Decision Date:	08/19/2015	UR Denial Date:	06/10/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female who sustained an industrial injury on 03/21/1993 resulting in pain/injury to the neck and low back. Treatment provided to date has included: multiple cervical and lumbar surgeries with continued pain; physical therapy (multiple) with suboptimal pain relief; epidural steroids injections with suboptimal pain relief; medications (anticonvulsants and opiates) with 50% reduction in pain; acupuncture which resulted in improved pain symptoms; and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (2012) showing extensive post-surgical changes. There were no noted comorbidities or other dates of injury noted. On 06/05/2015, physician progress report noted complaints of neck and low back pain. The neck pain was reported to radiate to the right shoulder and down to the fingers, and the low back pain radiates to the bilateral lower extremities. The pain was rated 10/10 in severity without medications, which is decreased to 5/10 with medications. The was described as constant and sharp, and associated with numbness and tingling in both legs. The pain was worsened with prolonged standing and walking. Current medications include Lidoderm patches 3 times daily for low back pain, Lyrica 100mg twice daily for the numbness and tingling, MS Contin 60mg every 8 hours for pain, and Percocet 10/325mg every 6 hours for breakthrough pain. The injured worker reports that the use of medications result in a 50% reduction in pain and allows her to do housework in sessions and go grocery shopping. The injured worker also reported that she uses a LSO brace up to 4 hours per day with improved pain. The physical exam revealed positive straight leg raises bilaterally, palpable muscle spasms bilaterally in the lumbar and thoracic paraspinal musculature with positive

twitch response, slowed antalgic gait on the left, positive Spurling's test on the right, positive axial compression maneuver, and moderately decreased cervical lateral rotation bilaterally. The provider noted diagnoses of cervical degenerative disc disease, myofascial pain syndrome, post cervical laminectomy pain syndrome, and post lumbar laminectomy pain syndrome. Plan of care includes continued medications (MS Contin, Percocet, Lyrica and Lidoderm patch), urine drug screening, and follow-up. There were no indications of aberrant drug seeking behaviors, and a signed narcotic agreement was noted to be on file. The injured worker declines any additional surgeries, injections or spinal cord stimulator. The injured worker's work status remained permanent and stationary and not working. The request for authorization and IMR (independent medical review) includes: MS Contin 60mg #90, Percocet 10/325mg #120, Lyrica 100mg #60, and Lidoderm patch 5% #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "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." After review of the clinical notes, it was noted that the injured worker reported up to a 50% reduction in pain with the use of medications, there is also documentation of improvement in function especially with activities of daily living with the use of her current regimen, the injured worker appears to be having a satisfactory response to her medication regimen, and the continued use of MS Contin is appropriate, therefore the request for MS Contin 60mg, QTY: 90 is medically necessary.

Percocet 10/325mg, QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long term usage unless there is evidence of "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." After review of the clinical notes, it was noted that the injured worker reported up to a 50% reduction in pain with the use of medications, there is also documentation of improvement in function especially with activities of daily living with the use of her current regimen, the injured worker appears to be having a satisfactory response to her medication regimen, and the continued use of Percocet is appropriate, therefore the request for Percocet 10/325mg, QTY: 120 is medically necessary.

Lyrica 100mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; and Pregabalin (Lyrica) Page(s): 13-20, 99.

Decision rationale: Lyrica is an anti-epilepsy drug (AED) that treats nerve and muscle pain caused by diabetes, shingles, fibromyalgia, or a spinal cord injury. The MTUS recommends AEDs for the treatment of neuropathic pain due to nerve damage with lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. There are few random controlled trials directed at central pain and none for painful radiculopathy. In addition, the MTUS does not recommend AEDs for myofascial pain as there is lack of evidence to show that AEDs significantly reduce the level of myofascial or other sources of somatic pain. 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. According to the clinical notes, the injured worker has been prescribed Lyrica since 2014 with reports of a 50% general reduction in pain with medications, there is also documentation of improvement in function especially with activities of daily living with the use of her current regimen, the injured worker appears to be having a satisfactory response to her medication regimen, and the continued use of Lyrica is appropriate, therefore the request for Lyrica 100mg, QTY: 60 is medically necessary.

Lidoderm patch 5%, QTY: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. A review of the injured workers medical records reveal reports of a 50% general reduction in pain with medications, specifically Lidoderm patches help in alleviating

pain in her lower back. There is also documentation of improvement in function especially with activities of daily living with the use of her current regimen, the injured worker appears to be having a satisfactory response to her medication regimen, and the continued use of Lidoderm is appropriate, therefore the request for Lidoderm patch 5%, QTY: 90 is medically necessary.