

Case Number:	CM15-0117276		
Date Assigned:	06/30/2015	Date of Injury:	03/15/2007
Decision Date:	09/01/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/17/2015

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 57 year old male, who sustained an industrial injury on 3/15/07. The mechanism of injury was not documented. The injured worker was diagnosed as having cervical degenerative disc disease, radiculopathy, post laminectomy syndrome, lumbar radiculopathy, lumbar spondylosis and insomnia. Treatment to date has included laminectomy, pain management program, activity restrictions, oral medications including Naproxen, Klonopin, Lyrica, Robaxin, Percocet and a topical patch. Currently on April 21, 2015, the injured worker complains of low back pain constantly for 6 years rated 8/10 in severity and described as aching, throbbing and numbness with radiation to the left leg; it is aggravated by walking, bending, sitting, standing and lifting and pain in neck, constant for 6 years rated 8/10 in severity and characterized as aching, sharp, radiating and throbbing with radiation to the left shoulder, left arm and left forearm. He also notes the neck pain is severe even while using Percocet. Physical exam performed on 4/21/15 noted paracervical tenderness, decreased range of cervical and lumbar range of motion, give away weakness of left hip with flexion and left knee with extension and antalgic gait. The goals for participation in pain management program were to reduce inflammation, reduce pain and improve overall activity of daily living functioning. The treatment plan included continuation of Naproxen, Klonopin Robaxin and Lyrica, discontinuation of Percocet and prescription of Hyslingla ER 30mg and request for transforaminal lumbar injection of L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 67-68.

Decision rationale: CA MTUS recommends NSAIDS at the lowest dose for the shortest period in patients with moderate to severe pain; they appear to be superior to Acetaminophen for patients with moderate to severe pain. For "acute exacerbations of chronic back pain, NSAIDS are recommended as a second line treatment after acetaminophen and recommended for short term symptomatic relief". "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, long term use may not be warranted." Inconsistent evidence has been provided for long term use for treatment of neuropathic pain. A review of the injured workers medical records reveal optimal pain control on his current regimen and based on his clinical presentation the continued use of naproxen appears medically appropriate; therefore the request for Naproxen Sodium #60 is medically necessary.

Robaxin #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxer Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxant Page(s): 63-66.

Decision rationale: CA MTUS recommends "non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain". They show no benefit beyond NSIADs in pain and overall improvement and there is no additional benefit shown in combination with NSAIDs. "Efficacy appears to diminish over time and prolong use of some medications in this class may lead to dependence. The medication is noted to have sedative properties. A review of the injured workers medical records do not reveal ongoing muscle spasms that would warrant the continued use of a muscle relaxant therefore the request for Robaxin #90 is not medically necessary.

Klonopin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS does not recommend Benzodiazepines for long term use due to risk of dependence and long term efficacy has not been proven. Most guidelines limit use to 4 weeks. The documentation notes he has been prescribed the medication for more than 6 months. Unfortunately the injured workers medical records do not yield a clear rationale for the use of this medication and there is also no mention of specific benefit from the use of this medication, without this information it is not possible to determine medical necessity for continued use. Therefore, the request for Klonopin #30 is not medically necessary.

Lyrica #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16, 18-19, 58.

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. The choice of specific agents will depend on the balance between effectiveness and adverse reactions. 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 continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A review of the injured workers medical records reveal optimal pain control on his current pain regimen and the continued use of Lyrica is medically appropriate, therefore the request for Lyrica 200mg, 1 cap three times a day quantity of 90 is medically necessary.

Hysingla #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: This injured worker complains of constant low back pain with radiation to left lower extremity for 6 years. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive

opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal that his pain had been optimally controlled but was now sub-optimal and a trial of Hysingla was being initiated, based on the injured workers clinical presentation a trial of Hysingla is appropriate, therefore the request for Hysingla ER 30mg tabs #60 is medically necessary.