

Case Number:	CM15-0118094		
Date Assigned:	06/22/2015	Date of Injury:	04/03/2008
Decision Date:	07/22/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 68 year old female, who sustained an industrial injury, April 3, 2008. The injury was sustained when the injured worker tripped over an electrical cord and fell on all four and into a hyper lift and twisted the back and shoulders. The injured worker previously received the following treatments physical therapy, yoga classes, head CT scan, surgical repair of the right hips, right knee replacement, epidural steroid injections decreased the injured worker pain 40% the first time and 100% the second time along with leg pain, right knee injection, lumbar spine MRI, Fentanyl Patches, Lyrica, Norco, Trazodone, Motrin, Zanaflex, Ursodiol and Calcium Magnesium and Zinc supplement. The injured worker was diagnosed with lumbar spine MRI showed L4-L5 mild disc narrowing, 3mm left greater than the right posterior disc protrusion, 8.5 mm by 6mm by 11 mm left L4-L5 facet joint synovial cyst with partial calcification which causes severe left lateral recess stenosis and impingement of the left L4-L5 nerve, L5-S1 3mm broad based posterior disc bulge. According to progress note of May 11, 2015, the injured workers chief complaint was left neck and left hip pain. The pain was rated at 4 out of 10. The pain was increased by sitting, walking. The pain was decreased by sitting and mediations. The pain was described as sharp, stiff, off and on with muscle spasms. The physical exam noted tenderness of the right lateral hip. The right medial knee had tenderness. The lumbar spine had no change in pain with extension of the lumbar spine, no pain with flexion of the lumbar spine. The bilateral posterior iliac spine let iliac crest and sacral had tenderness. The treatment plan included prescriptions for Norco, Fentanyl Patches and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: 30 tablets of Norco 10/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) as there are no objective urine drug screens available for review. The documentation reveals that the patient has been on long term opioids without significant functional improvement and the patient continues to remain temporarily totally disabled which implies a profound disability and failure of function. For all of these reasons continued Norco is not medically necessary.

10 patches of Fentanyl 12mcg/hr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid analgesic Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: 10 patches of Fentanyl 12mcg/hr is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors) as there are no objective urine drug screens available for review. The documentation reveals that the patient has been on long term opioids without significant functional improvement and the patient continues to remain temporarily totally disabled which implies a profound

disability and failure of function. For all of these reasons continued Fentanyl is not medically necessary.

60 capsules of Lyrica 75mg: Upheld

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

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

Decision rationale: Pregabalin (Lyrica, no generic available) 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. The guidelines state that after initiation of antiepileptics such as Lyrica treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been Lyrica. The documentation does not reveal significant objective improvement of function on this medication and additionally the documentation indicates that the patient is sleepy every afternoon which can be a side effect of the Lyrica therefore this medication is not medically necessary.