

Case Number:	CM15-0120517		
Date Assigned:	07/07/2015	Date of Injury:	11/03/2002
Decision Date:	09/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/22/2015

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 62-year-old male with an industrial injury dated 11/03/2002. The injured worker's diagnoses include degenerative intervertebral disc of lumbar/lumbosacral, displacement of intervertebral disc, lumbar spinal stenosis, thoracic lumbar neuritis/radiculitis, status post decompression/fusion and hardware removal and status post placement of a permanent spinal cord stimulator. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03/31/2015, the injured worker reported lower back and bilateral leg symptoms. The injured worker reported that his symptoms decreased by 50% after placement of spinal cord stimulator but his pain has returned. The injured worker reported moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, weakness, fatigue, and burning, cramping and cold sensations, greater on the right side. He reported persistent leg pain since his last evaluation and difficulty sleeping due to his lower back pain. Objective findings revealed minimal tenderness in scar from spinal cord placement, tenderness in the lumbar paraspinal muscles, tenderness at sacroiliac (SI) joints, and tenderness over the sciatic nerves on both sides. Positive straight leg raises with significant low back pain, bilateral buttock pain and bilateral radicular leg pain was also noted on exam. Treatment plan consisted of medication management. The treating physician prescribed Dilaudid 4 mg #120 with 2 refills, Lyrica 100mg with 2 refills, Zanaflex 4mg #60 with 2 refills and Topical pain cream /PC 5001 150gm with 2 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 mg #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: This patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. The current request is for Dilaudid 4 mg #120 with 2 refills. The RFA is dated 05/12/15. Treatment history consisted of diagnostic studies, prior lumbar surgery (2008, 2009), spinal cord stimulator, physical therapy and prescribed medications. The patient is not working. 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 4A's (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 page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The Utilization review letter dated 05/19/15 references a progress report by the requesting physician [REDACTED] from 05/11/15, which was not provided for my review. According to this report, the patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. The patient's medication regimen includes Dilaudid, Methadone, Lyrica, Linzess, Zanaflex, Ambien, Xanax and Omeprazole. The patient reported that current medication is working fair, and his pain averages 4-8/10. Earlier reports are from [REDACTED] and provide no discussion regarding the requested medications. The patient has been prescribed Dilaudid since at least 01/15/15. In this case, the treater has not stated how Dilaudid reduces pain and significantly improves patient's activities of daily living. MTUS states "function should include social, physical, psychological, daily and work activities." The patient has had consistent UDS on 12/4/13 and 01/15/15, but no discussion of opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary and recommendation is for slow weaning.

Lyrica 100mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pregabalin-Lyrica Page(s): 19-20.

Decision rationale: This patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. The current request is for Lyrica 100mg with 2 refills. The RFA is dated 05/12/15. Treatment history consisted of diagnostic studies, prior lumbar surgery (2008, 2009), spinal cord stimulator, physical therapy and prescribed medications. The patient is not working. MTUS Guidelines page 19-20 has the following regarding pregabalin-Lyrica, "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." This patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. MTUS supports the use of anti-convulsants for neuropathic pain; however, the patient has been prescribed Lyrica since at least February 2015 with no documentation of medication efficacy. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. The requested Lyrica is not medically necessary.

Zanaflex 4mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

Decision rationale: This patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. The current request is for Zanaflex 4mg #60 with 2 refills. The RFA is dated 05/12/15. Treatment history consisted of diagnostic studies, prior lumbar surgery (2008, 2009), spinal cord stimulator, physical therapy and prescribed medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg. 66 states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study -conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." This patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. The treater has requested a refill of Zanaflex. It is unclear when this medication was initiated, however it is prior to 05/11/15 as this report states "he is taking half a Zanaflex and half Ambien." According to this report, the patient states that medications are working fair. In this case the treater has not discussed how this medication is being used and with what effect, in terms of functional changes. MTUS requires a record of pain and function when medications are used for chronic pain. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Topical pain cream P/C 5001 150gm with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with moderate to severe pain of the lower back with radiation down back to feet with associated numbness, tingling, and weakness. The current request is for Topical pain cream P/C 5001 150gm with 2 refills. The RFA is dated 05/12/15. Treatment history consisted of diagnostic studies, prior lumbar surgery (2008, 2009), spinal cord stimulator, physical therapy and prescribed medications. The patient is not working. The MTUS

has the following regarding topical creams (p111, chronic pain section): "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." It further states, there is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The medical file includes no discussion regarding the requested topical pain cream. The progress reports and Request for Authorization do not specify what ingredients are in this requested pain crme. Recommendation cannot be made on a topical cream without knowing its components. Furthermore, MTUS states that topical analgesic is largely experimental. This request is not medically necessary.