

Case Number:	CM15-0171358		
Date Assigned:	09/11/2015	Date of Injury:	02/26/2001
Decision Date:	11/18/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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-work injury on 2-26-01. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the joint of the lower leg, lumbago, brachial neuritis-radiculitis, major depression and chronic pain syndrome. Medical records dated (4-22-15 to 7-20-15) indicate that the injured worker complains of neck pain, bilateral arm pain, low back pain and left hamstring pain. The pain is described as sharp with pins and needles and shooting pain. The pain is rated 5-7 out of 10 on the pain scale without medication and 4 out of 10 with medications and this has been unchanged. He reports using crutches to ambulate in the note dated 4-22-15. The injured worker reports fatigue, muscle stiffness, muscle aches, headache and depression. The treating physician indicates that the injured worker reports continued functional benefit with use of the pain medications. The medical record dated 7-20-15. The injured worker reports feeling down, depressed, hopeless, little interest in doing things, has trouble falling asleep, feels tired with little energy and has trouble concentrating. Per the treating physician report dated 4-22-15 the employee has not returned to work. The physical exam dated from (4-22-15 to 7-20-15) reveals tenderness to palpation of the lumbar spine and positive straight leg raise on the left side. Medical record dated 7-20-15 the physician indicates that the injured worker has an awkward gait favoring the left lower extremity (LLE). Treatment to date has included pain medication , Lyrica and Soma since at least 2013 and Morphine Sulfate and Wellbutrin since at least 4-22-15, physical therapy at least 8 sessions, ice -heat, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP) and other modalities. The urine drug test results dated 3-31-14 and 12-10-14

were inconsistent with the medication prescribed. The original Utilization review dated 8-21-15 denied a request for Lyrica 150mg, #60 with 2 refills as there is no documented functional improvement with use of medications and past use of Lyrica was not beneficial, denied Wellbutrin SR 100mg, #30 with 2 refills as there was no documented improvement in pain or activities of daily living (ADL) with use, denied Soma 350mg, #60 with 2 refills as it is not indicated to be used for long terms per the guidelines and denied Morphine Sulfate CR 60mg, #90 as there was no documented functional improvement with this medication and per the records the weaning process was started on 5-22-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg, #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 Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. 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. The patient should be asked at each visit as to whether there has been a change in pain or function. It is noted that there is no EMG/NCV in the case file to document neuropathy in the IW. There was no documentation of objective functional benefit with prior use of this medication. The request is not medically necessary and appropriate.

Wellbutrin SR 100mg, #30 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 Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: MTUS guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Specifically, Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. The documentation provided does not comment on previous medications tried or the outcome as well as no documentation of objective functional benefit with prior use of this medication, without this information we cannot determine that this request is medically necessary.

Soma 350mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per MTUS guidelines, Soma is not recommended for longer than a 2 to 3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The documentation did not note spasm that the medication would treat. The request is not medically necessary and appropriate.

Morphine Sulfate CR 60mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include 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. This request is not medically necessary and appropriate