

Case Number:	CM15-0176413		
Date Assigned:	09/17/2015	Date of Injury:	12/07/2012
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial-work injury on 12-7-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, other chronic pain, and pain in joint of shoulders, bilateral shoulder impingement, and lumbago. Medical records dated (1-23-15 to 7-10-15) indicate that the injured worker complains of cervical spine pain, bilateral shoulder pain, low back pain, knee pain and foot pain. The pain is rated 6-7 out of 10 on the pain scale and has remained unchanged from previous visits. The medical record dated 7-10-15 the physician indicates that the injured worker states that his neck is still sore and that he has trouble rotating it from left to right. He has trouble lifting his shoulders and the pain in the lower back radiates to the left leg. The injured worker also states that he has numbness in the bilateral hands and feet and that occasionally the pain increases to 9 out of 10 depending on the activity. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-10-15 the injured worker has returned to work with modified duty and restrictions. The physical exam dated from (5-15-15 to 7-10-15) reveals that the lumbar region has decreased range of motion or restricted range of motion with low back pain and the straight leg raise test is positive. Treatment to date has included pain medication, Dilaudid, Lyrica and Baclofen since at least 2-15-15, acupuncture, and other modalities. The treating physician indicates that the urine drug test result dated 5-15-15 and 1-23-15 was consistent with the medication prescribed. The request for authorization date was 8-12-15 and requested services included Dilaudid 4 percent 1 by mouth every day as needed #30, Lyrica 100 mg 1 by mouth three times a day #90 and Baclofen 20 mg 1 by mouth three times a

day #90. The original Utilization review dated 8-19-15 non-certified the request for Dilaudid 4 percent 1 by mouth every day as needed #30, as there is no documented functional improvement or reduction in pain with use of this medication, therefore not medically necessary but weaning is recommended, non-certified the request for Lyrica 100 mg 1 by mouth three times a day #90, as the clinical notes do not identify any objective evidence of neuropathy, therefore not medically necessary but weaning is recommended, and non-certified the request for Baclofen 20 mg 1 by mouth three times a day #90 there is no documented functional improvement or reduction in pain with use of this medication and there are drug interactions when combining multiple pain medications that may occur therefore not medically necessary but weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4 percent 1 by mouth every day as needed #30: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Dilaudid nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contained UDS report dated 1/23/15, which was inconsistent with prescribed percocet. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Lyrica 100 mg 1 by mouth three times a day #90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Per MTUS CPMTG, "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. Pregabalin was also approved to treat fibromyalgia." Pregabalin is the prodrug of gabapentin and is often used when gabapentin is clinically not sufficiently effective. Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p 17, "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." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 2/2015. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed.

Baclofen 20 mg 1 by mouth three times a day #90: 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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Baclofen: "It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." As the documentation provided for review does not indicate that the injured worker has multiple sclerosis or spinal cord injury, which is the conditions for which Baclofen is recommended, the request is not medically necessary.