MAXIMUS Federal Services

Case Number:	CM15-0176559		
Date Assigned:	09/17/2015	Date of Injury:	10/18/2001
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female who sustained an industrial injury on 10-18-2001. Mechanism of injury was an assault. Diagnoses include cervicalgia, cervical radiculopathy, lumbar radiculopathy, lumbar disc protrusion, failed back surgery syndrome, opioid dependence, chronic pain syndrome-on a pain pump, anxiety and depression. A physician progress note dated 08-05-2015 documents the injured worker has continued, worsening back, and neck pain. She is requesting an increase in her pain pump as she would like to get off her oral medications. There was tenderness to palpation in the cervical paraspinal musculature, upper trapezius muscles, scapular border, lumbar paraspinal musculature and sacroiliac joint region. Straight leg raising, Patrick's, facet loading, and Spurling's tests were all positive. Her Prialt pain pump was refilled this date, and increased Prialt dose by 25%. A personal demand programmer for the pain pump is requested so she can stop the oral pain medications and use the Prialt pump for her breakthrough pain as well as for constant pain. In a physician progress note dated 07-15-2015 the injured worker reports her oral medications are not helping much. She rates her pain as 7 out of 10 with medications and 10 out of 10 without her medications. She reports an increase in muscle tightness. There was tenderness to palpation in the cervical paraspinal musculature, upper trapezius muscles, scapular border, lumbar paraspinal musculature and sacroiliac joint region. Straight leg raising, Patrick's, facet loading, and Spurling's tests were all positive. Treatment to date has included diagnostic studies, medications, transforaminal epidural injections, radiofrequency rhizotomy-lumbar, status post lumbar fusion, a pain pump, and home exercises. X rays of the cervical spine done on 12-10-2014 showed anterior fusion with no

change in the alignment with flexion and extension. No fracture or dislocations, and soft tissues are unremarkable and no erosive changes are seen. Lumbar spine x ray done on 03-09-2015 showed degenerative changes noted at L5-S1 level and mild anterolisthesis of L3 in relation to L4. Vagal stimulator is noted, and post-operative changes noted at L4, L5-S1 levels. The request for Authorization dated 08-05-2015 is for Cymbalta 60mg #60, Lorzone 750mg #90, Lyrica 150mg #120, Morphine 30mg #60, Topamax 100mg #100, a urine drug screen, and Personal demand programmer for pain pump, quantity: 1. On 08-26-2013 the Utilization Review modified Cymbalta 60mg #60 to Cymbalta 60mg, #54, Lorzone 750mg #90 was modified to Lorzone 750mg #81, Lyrica 150mg #120 was modified to Lyrica 150mg #108, Morphine 30mg #60 was modified to Morphine 30mg #54, and Topamax 100mg #100 was modified to Topamax 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Physical Examination, Diagnostic Testing, Treatment.

Decision rationale: Regarding the request for Cymbalta, Chronic Pain Medical Treatment Guidelines states that Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of recent mental status examinations with a diagnosis of depression. However, there is no documentation indicating whether or not the patient has responded to the current Cymbalta treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Cymbalta is not medically necessary.

Lorzone 750mg #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: Regarding the request for Lorzone, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation

available for review, there is no identification of objective functional improvement as a result of the Lorzone. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Lorzone is not medically necessary.

Morphine 30mg #60: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the patient continued to have pain ranging from 7/10 to 10/10 while being on current medication treatments. There is no indication that the medication is improving the patient's function, no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.

Lyrica 150mg #120: 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: Regarding the request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested pregabalin (Lyrica) is not medically necessary.

Topamax 100mg #100: 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: Regarding the request for topiramate (Topamax), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested topiramate (Topamax) is not medically necessary.