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| Case Number: | CM15-0090392 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 05/01/2007 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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, Arizona
 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 47-year-old female, who sustained an industrial injury on 5/1/07. She reported low back pain. The injured worker was diagnosed as having right lumbar radiculopathy, lumbar facet pain, sacroiliitis, failed back syndrome and depression secondary to persistent pain. Treatment to date has included physical therapy, oral medications including Tizanidine, Lyrica, Omeprazole, Avinza, Topiramate, Clonazepam and Hydrocodone, lumbar fusion, lumbar hardware removal and home exercise program. (EMG) Electromyogram studies performed on 2/28/13 revealed evidence of S1 and or adjacent level mild to moderate radiculopathy, sub-acute to chronic in nature. Currently, the injured worker complains of persistent lower back, hip and lower extremity rated 9/10. She continues to have stress and anxiety and does not feel the Zoloft is helping her depression. Physical exam noted anxiety, tenderness and spasms over lumbar paraspinal muscles, stiffness with motion of spine and increased pain with flexion compared to extension of low back. The treatment plan included request for refills of oral medications, follow up visit and continuation of home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97.

Decision rationale: Per CA MTUS, Avinza is a long acting very potent analgesic. Short-acting opioids are seen as effective methods in controlling chronic pain. They are often used in breakthrough pain or intermittent pain. The treatment of pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and duration of pain relief. Within the submitted documentation, no mention was made as to how Avinza has helped the injured worker in terms of pain relief and functional independence. Pain is still reported at 9/10 and severe, despite medications. Necessity has not yet been substantiated. Therefore, the request is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS, ongoing pain medications can be considered if the 4A's have been established. The 4A's include analgesia, activities of daily living, aberrant drug taking behavior, and adverse side effects. There is lack of effective documentation supporting this request. Furthermore, no frequency was listed within the request. Pain is still 9/10 despite being on medications. This request cannot be supported at this time and is not medically necessary.

Nortriptyline 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: CA MTUS states that antidepressants are recommended as a 1st line option for neuropathic pain and a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality, duration, and psychological assessment. There is mention within the submitted documentation of ongoing depressed mood, along with history of lumbar radiculopathy. She is

not seeing much effect with Zoloft and in this particular situation, a TCA trial would be appropriate. This request is medically necessary.

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

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

Decision rationale: CA MTUS Guidelines state Topamax has been shown to have failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for neuropathic pain when other anti-convulsants have failed. It is noted the injured worker has failed previous treatments with first line anti-convulsants however; there is no frequency within the request. As such, this request cannot be supported at this time and is not medically necessary.

Lyrica 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

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

Decision rationale: According to the California MTUS guidelines, Lyrica is an anti-epilepsy drug (AED) which has been shown to be effective for treatment of painful diabetic neuropathy, and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It is also recommended for treatment of fibromyalgia. There is continued severe pain despite the use of Lyrica. It is unclear how this agent has affected the injured worker in terms of functional mobility, quality of life, and improvements with activities of daily living. There is no mention of fibromyalgia, diabetic neuropathy, or post-herpetic neuralgia. Medical necessity has not yet been substantiated.

Clonazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: California MTUS guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use is not recommended and the injured worker continues to demonstrate severe 9/10 pain. It is unclear how the use of benzodiazepines has helped alleviate any of the claimant's conditions including anxiety. Medical necessity has not been substantiated.