

Case Number:	CM15-0091183		
Date Assigned:	05/15/2015	Date of Injury:	07/30/1998
Decision Date:	06/30/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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 64 year old female injured worker suffered an industrial injury on 07/30/1998. The diagnoses included lumbar fusion, cervical sprain/strain, and sprain /strain of the left shoulder. The diagnostics included x-rays of the cervical spine, left shoulder, thoracic spine and lumbar spine. The injured worker had been treated with medications. On 2/11/2015 the treating provider reported constant aching in the neck that radiated up to the head and to the shoulder which increases when looking up and down rated 4/10. The left shoulder pain was on and off rated 3/10. The mid/low back pain was constant rated 6/to 7/10. She also reported depression and anger. On exam the cervical and lumbar spine range of motion was restricted. The straight leg raise was positive. The treatment plan included Norco, Elavil, Lyrica and Urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient complains of neck pain and headaches, rated at 3/10, and lower back pain radiating to bilateral lower extremities, as per progress report dated 7/10, as per progress report dated 04/08/15. The request is for NORCO 10/325mg #90. The RFA for the case is dated 01/08/15, and the patient's date of injury is 07/30/98. The patient is status post lumbar fusion, as per progress report dated 04/08/15. Diagnoses included cervical sprain/strain, and left shoulder sprain/strain. Medications included Norco, Lyrica, Butran patch and Venlafaxine and Elavil. The patient is not working, as per the same progress report. 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 4As (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. In this case, a prescription for Norco is first noted in progress report dated 11/06/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 04/08/15, medications help reduce pain from 7-8/10 to 4-5/10. The treater states that "She notes improvement with activities of daily living, as well as increased ability to sit, stand, walk and work as a result of current medication." In progress report dated 01/08/15, the treater states that medications, including Norco, help her to walk for 1 mile every other day for exercise. The patient is unable to do this without medications. Medications also help her with household chores. UDS, dated 12/04/14, was consistent, as per the same report. The patient has signed opioid contract and has been assessed for aberrant behavior, as per the same report. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, this request IS medically necessary.

Elavil 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The patient complains of neck pain and headaches, rated at 3/10, and lower back pain radiating to bilateral lower extremities, as per progress report dated 7/10, as per progress report dated 04/08/15. The request is for ELAVIL 50mg #30. The RFA for the case is dated 01/08/15, and the patient's date of injury is 07/30/98. The patient is status post lumbar fusion, as per progress report dated 04/08/15. Diagnoses included cervical sprain/strain, and left shoulder sprain/strain. Medications included Norco, Lyrica, Butran patch and Venlafaxine and Elavil. The patient is not working, as per the same progress report. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or

contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, a prescription for Elavil is first noted in progress report dated 11/06/14, and the patient has been taking the medication consistently at least since then. The patient suffers from chronic pain along with depression and anxiety. As per progress report dated 04/08/15, medications help reduce pain from 7-8/10 to 4-5/10. In progress report dated 04/20/15, the treater states that abrupt discontinuation of medications can result in seizures or even death. However, the guidelines require a record of improvement in function for the extended use of anti-depressants in patients with chronic pain. Hence, the request for Elavil with refill IS NOT medically necessary.

Lyrica 75mg #90: Overturned

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

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

Decision rationale: The patient complains of neck pain and headaches, rated at 3/10, and lower back pain radiating to bilateral lower extremities, as per progress report dated 7/10, as per progress report dated 04/08/15. The request is for LYRICA 75mg #90. The RFA for the case is dated 01/08/15, and the patient's date of injury is 07/30/98. The patient is status post lumbar fusion, as per progress report dated 04/08/15. Diagnoses included cervical sprain/strain, and left shoulder sprain/strain. Medications included Norco, Lyrica, Butran patch and Venlafaxine and Elavil. The patient is not working, as per the same progress report. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: Pregabalin-Lyrica, no generic available has been documented to be effective in treatment of diabetic neuropathy and post-therapeutic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, "Weaning: Do not discontinue prevailing abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation." In this case, a prescription for Lyrica is first noted in progress report dated 11/06/14, and the patient has been taking the medication consistently at least since then. As per progress report dated 04/08/15, medications help reduce pain from 7-8/10 to 4-5/10. In progress report dated 04/2015, the treater states that reduction in Lyrica leads to increased numbness and tingling in her legs and feet..' Given the documentation of efficacy, the request IS medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient complains of neck pain and headaches, rated at 3/10, and lower back pain radiating to bilateral lower extremities, as per progress report dated 7/10, as per progress report dated 04/08/15. The request is for URINE DRUG SCREEN. The RFA for the case is dated 01/08/15, and the patient's date of injury is 07/30/98. The patient is status post lumbar fusion, as per progress report dated 04/08/15. Diagnoses included cervical sprain/strain, and left shoulder sprain/strain. Medications included Norco, Lyrica, Butran patch and Venlafaxine and Elavil. The patient is not working, as per the same progress report. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, a request for UDS is noted in progress report dated 04/08/15. However, as per progress report dated 01/08/15, an UDS performed on 12/04/14 was consistent. The treating physician does not discuss the patient's opioid dependence risk and the reason for such frequent screening. MTUS only supports annual urine toxicology tests in low-risk patients. Hence, the request IS NOT medically necessary.