

Case Number:	CM13-0007943		
Date Assigned:	09/28/2013	Date of Injury:	09/02/2009
Decision Date:	01/15/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Interventional Spine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 y.o. female with injury from 9/2/09. Diagnoses provided are Lumbar disc protrusion; lumbar facet joint pain; lumbar stenosis; lumbar sprain/strain, per [REDACTED] report from 3/12/13. [REDACTED] initial report from 3/12/13 shows low back pain at 4-8/10. Meds were Lyrica 75mg bid, Percocet 10/325 tid. The patient was working full time with modified duty. 4/9/13 report shows that the patient has increased leg pain. Lyrica was increased to 100 bid, and Medrol dose pack was prescribed, while ESI (epidural steroid injection) was being requested. Percocet was at bid. 5/9/13 report shows that the patient has increase leg pain, 4/9/13 UDS was consistent. ESI was authorized but not medro-dose pak. Pain was 8/10 without meds, and 2-3 with meds. Oxycodone was apparent denied which the treater was appealing. Lyrica was at 100mg bid. The 6/13/13 report shows that the patient had ESI but leg is burning and flared up. Medro-dose pak was again prescribed. 7/3/13 reports continued leg pain. Medro pak prescription was lost which was re-written. Lyrica was increased to 150 bid, Percocet at bid. 7/9/13 report shows review of MRI, and side effects with Lyrica 150mg. Facet injections were recommended, and Percocet bid #120, and Lyrica is at 100mg bid. Utilization review letter from 8/5/13 has #120 of Oxycodone authorized but #60 denied, Lyrica 100mg authorized but denied Lyrica 150mg bid. Medrol dose pak was denied as the reviewer did not see documentation of radicular symptoms (7/9/13 report lacked documentation leg symptoms although all the other reports showed leg pain)

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to use Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: Looking at the dates of refills, while the provider is prescribing dosing at twice daily, the patient is receiving #60 more frequently than once monthly. The patient was given #60 on 6/13/13, then again on 7/3/13, just 20 days later. Unfortunately, the provider does not document increasing the patient's dosage and does not mention that the patient has run out of medication. Without a proper prescription, additional medications cannot be authorized. The MTUS guidelines indicate that the provider must keep track of the patient's intake and the patient must follow physician instructions as required by pain contract. Since the provider does not indicate that he is increasing the dose, the #60 prescribed on 7/3/13 should be denied. The patient then received #120 on 7/9/13 which is closer to a month from 6/13/13. Again, the provider does not state that the patient requires increase in dosing. Based on the reports reviewed, the patient was experiencing excellent relief at #60/mo at bid dosing with pain going from 8/10 to 2-3/10. Recommendation is for denial for #60 Oxycodone dispensed on 7/9/13. This was not consistent with twice daily dosing as provided by the treater's documentation. The request for Oxycodone 10/325mg, QTY: 60.00 is not medically necessary and appropriate.

Medrol dose pack: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of Corticosteroids.

Decision rationale: The MTUS and ACOEM do not discuss oral steroids. The Official Disability Guidelines (ODG) guidelines have a very tight recommendation for the use of oral steroids for radiculopathy. While this patient appears to suffer from radiculopathy, there is no documentation by the provider that he is aware of the evidence that research provides limited evidence of effect with this medication. Furthermore, the ODG states that treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In this case, this is a chronic radiculopathy, without a period of symptom free period and there is no evidence of new injury. Recommendation is for denial. The request for Medrol Dose Pack, QTY: 1.00 is not medically necessary and appropriate.

Lyrica 150mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lyrica Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pregabalin (Lyrica) Page(s): 99.

Decision rationale: Lyrica is indicated for this patient's chronic neuropathic pain, namely radiculopathy. The records show that the patient was prescribed Lyrica 150mg on 7/3/13. When the patient returned on 7/9/13, she was complaining of side effects from increased dose. The provider decreased the dose back down to 100mg bid. The utilization reviewer denied Lyrica 150mg believing that this was not medically documented. However, report from 7/3/13 clearly states that the provider wanted to increase the dose given the patient's persistent severe leg pain despite lumbar ESI. Recommendation is for denial. The treater could not have been aware that increasing Lyrica to 150mg would have resulted in intolerable side effects. Trial of increasing the dose was medically reasonable. The request for Lyrica 150mg QTY: 60.00 is medically necessary and appropriate.