

Case Number:	CM13-0020362		
Date Assigned:	10/11/2013	Date of Injury:	02/11/2002
Decision Date:	01/08/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Family Practice and is licensed to practice in California, Georgia, and Texas. 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.

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 patient is a 48-year-old male who reported injury on 02/11/2002. The medical records indicate that the patient had paravertebral tenderness, positive pain behavior, and a marked antalgic gait, along with walking with a cane. The patient's medications were noted to be Norco, OxyContin, Lyrica, and Prilosec. The patient's diagnoses were stated to include status post lumbar spine fusion, along with depression and anxiety. The request was made for 1 prescription of Norco quantity 180, 1 prescription of OxyContin 80 mg quantity 60, unknown prescription for Prilosec, and 1 prescription for Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco, quantity #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List, On-Going Management, Opioid Dosing Page(s): 91, 78, 86.

Decision rationale: The California MTUS Guidelines recommend Norco for moderate to moderately severe pain. Additionally, it recommends for ongoing treatment, the patient have documentation of analgesia, Final Determination Letter for IMR Case Number CM13-0020362 3 activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The clinical documentation submitted for review dated 08/05/2013 revealed the employee's pain affected

their ability to walk; pain was noted to be 7/10 on a visual analog scale. The employee was noted to use Norco for breakthrough pain, which helped improve ADLs. Clinical documentation noted the employee to be able to increase activity, and mood was better with decreased anger. Without pain medications the employee stated they would be unable to get out of bed or walk. The employee was noted to receive ongoing benefit, as evidenced by increased socialization and decreased blood pressure. It was stated that since they were more stable, it was easier for internal medicine to treat the employee's blood pressure. Medical records indicate that the employee was doing 80 mg twice a day and it was stated that controlling the employee's blood pressure improved the quality of life and slowed decreased activity. The employee was noted to complain of increased spasms, which radiated to the head, and associated numbness in the legs. Objectively, the employee was noted to have positive pain behavior with a listing stance, markedly antalgic gait, and was walking with cane. The employee was noted to have paravertebral tenderness and a positive bilateral straight leg raise at 50 degrees. The left ankle reflex was noted to be increased. The treatment plan was noted to include Norco 6 per day #180, Prilosec, OxyContin 80 mg q. 12 quantity #60, and Lyrica for neuropathic pain secondary to spinal surgery. The employee was noted to have failed Neurontin in the past due to disorientation. It was noted the "4 A's" were okay. The clinical documentation submitted for review indicated the employee used Norco, which helped with activities of daily living and it was noted that the "4 A's" were okay. However, there was a lack of clarity indicating what okay meant. While it was noted that without pain medications the employee was unable to get out of bed and walk, there was a lack of objective documentation regarding the employee's pain level prior to using medication and after use of medication. Additionally, clinical documentation submitted for review failed to provide the dosage of the medication, as it is available in a 7.5/325 and 10/325. Per California MTUS, it is not recommended that the dosing of opioids exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The employee was noted to be taking 6 Norco per day, which if they were taking 7.5 dosage, along with the OxyContin, would equal 285 ME

1 prescription of Oxycontin 80mg, quantity #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Acting Opioids, On-going Management Page(s): 75, 78.

Decision rationale: Since the primary treatment is not medically necessary, none of the associated services are medically necessary.

Unkown prescription for Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend the treatment of dyspepsia secondary to NSAID therapy with a PPI. The clinical documentation submitted for review did not provide the efficacy and necessity for the requested medication. Additionally medical records did not indicate that the employee had signs or symptoms of dyspepsia to support the necessity for the medication. The request for an unknown prescription for Prilosec is not medically necessary and appropriate.

1 prescription for Lyrica: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines recommend AEDs (antiepilepsy drugs) for neuropathic pain. The employee was noted to be previously treated with Neurontin and was noted to have failed. However, clinical documentation submitted for review indicated that Lyrica caused the employee's increased anxiety and agitation. Medical records did not indicate that the medication was efficacious for the employee. Additionally, the documentation did not indicate the number of pills being requested. The request for 1 prescription of Lyrica is not medically necessary and appropriate.