

Case Number:	CM13-0032191		
Date Assigned:	01/17/2014	Date of Injury:	08/17/2006
Decision Date:	04/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty 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 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/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:

This patient is a 57 year-old male with a date of injury of 08/17/2006. The listed diagnoses per [REDACTED] dated 09/03/2013 are: 1) Chronic low back pain 2) Status post multiple lumbar spine surgeries 3) Lumbar radiculopathy According to [REDACTED] comprehensive pain management consultation report dated 09/03/2013, the patient presents for an initial visit for her complaints of low back pain. Patient complains of constant throbbing low back pain that is mildly worse on the right and radiates to the gluteal regions. The pain is on average 7-8/10 on a VAS scale. Associated numbness to the lateral aspects of the thighs bilaterally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg 1 by mouth 3 times a day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: This patient presents for an initial consultation for her complaints of low back pain. The treater is requesting Oxycontin 10mg #90 for more improved and sustained pain

relief. For chronic opiate use, the MTUS Guidelines page 88 and 89 required function documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's analgesia, ADLs, adverse side effects, and adverse behavior are required. Furthermore, under outcome measures, it also recommends documentation of current pain, average pain, least pain, times it takes for medication to work, duration of pain relief with medication, etc. Review of medical records dating from 01/11/2013 to 09/03/2013 shows the patient has been prescribed Percocet since 02/06/2013, and then on initial consultation dated 09/03/2013 patient is prescribed Oxycontin for "improved and sustain pain relief." None of the reports provided for review show any changes in ADL's, return to work or work limitation changes and quality of life issues in regards to taking long term Opioids. However, the patient is with a new pain management doctor and the request is for a trial of Oxycontin. This request appears reasonable and consistent with MTUS for initiating Opioids. The patient's pain is poorly controlled on previous meds, namely Percocet and the treater is requesting to trial Oxycontin. Request is not medically necessary.

Lyrica 150mg 1 by mouth twice a day #60: Upheld

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

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

Decision rationale: This patient presents for an initial consultation for her complaints of low back pain. Treater is requesting Lyrica 150 mg #40. Utilization review modified certification from #40 to #20. The MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia has FDA approval for both indication and is considered first line treatment for both. In June 2007, the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." Medical records indicate this patient has been prescribed this medication since 02/06/2013. In this case, the patient presents with radicular pain and has a diagnosis of lumbar radiculopathy for which this medication is indicated for; however, none of the 8 progress reports provided for review include any discussions on the efficacy of this medication. MTUS page 60 requires documentation of pain assessment and function improvement when medications are used for chronic pain. Request is not medically necessary.