MAXIMUS Federal Services

Case Number:	CM13-0048808		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2004
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 50-year-old female who reported a work related injury on 12/15/2004, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, status post permanent implantation of the Medtronic spinal cord stimulator, status post anterior posterior lumbar fusion, status post multi-level anterior cervical discectomy and fusion, bilateral S1 radicular pain stable with spinal cord stimulator, opioid dependence, history of osteomyelitis discitis, right shoulder pain, which is possibly secondary to the use of a cane. The provider documents on the clinical note dated 11/07/2013, that the patient continues to utilize Opana ER 15 mg 3 times a day for baseline pain relief, Percocet 10/325 one by mouth daily is needed for breakthrough pain, and Lyrica 75 mg 4 times a day for radicular pain. The provider documents that the patient's use of medication effectively drops her pain level to a 3/10 to 4/10. Without medication the patient's pain increases to a 10/10. The patient reports that with the use of her pain medication, she is able to ambulate and be more functional to attend activities of daily living. The provider documents that without the use of pain medication; the patient would be bedridden and would rely on others. The provider requests that the patient continue utilization of her medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: The current request is not supported. The documentation provided lacks evidence to support the long term necessity of the requested medication. The provider documents that the patient subjectively reports her pain level drops to a 3/10 to 4/10 with her current medication regimen. However, the provider documented the patient presented experiencing a severe flare-up of low back pain, and that the patient reports difficulty sleeping due to increasing pain and is requesting to meet with a Medtronic representative to reprogram her spinal cord and stimulator to improve coverage to her right lower extremity. The patient reports an increase in the rate of pain; however, the provider documented that the patient reports positive efficacy with her medication regimen. Given the lack of quantifiable evidence and objective functional improvements as noted by a decrease in rate of pain on a visual analog scale (VAS), and increase in functionality upon physical exam of the patient with utilization of her medication regimen, the current request is not supported. The Chronic Pain Guidelines indicate that, "Opana ER is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given all the above, the request for Opana ER 15 mg #90 is not medically necessary nor appropriate.

Percocet 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: The current request is not supported. The documentation provided lacks evidence to support the long term necessity of the requested medication. The provider documents that the patient subjectively reports her pain level drops to a 3/10 to 4/10 with her current medication regimen. However, the provider documented that the patient presented experiencing a severe flare-up of low back pain, and the patient reports difficulty sleeping due to increasing pain and is requesting to meet with Medtronic representative to reprogram her spinal cord and stimulator to improve coverage to her right lower extremity. The patient reported an increase in rate of pain; however, the provider documented that the patient reports positive efficacy with her medication regimen. Given the lack of quantifiable evidence and objective functional improvements as noted, by a decrease in rate of pain on a visual analog scale (VAS), and increase in functionality upon physical exam of the patient with utilization of her medication

regimen, current request is not supported. The Chronic Pain Guidelines indicate that Percocet 10/325 "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Given all the above, the request for Percocet 10/325 #30 is not medically necessary nor appropriate.

Lyrica 75mg #120: Upheld

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

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

Decision rationale: The current request is not supported. The documentation provided lacks evidence of long term necessity of Lyrica for this patient's pain complaints. While the patient reports her medication regimen is effective, the provider documents that the patient reports increasing radicular pain to the right lower extremity. The clinical notes fail to evidence positive efficacy of treatment with the patient's medication regimen. The Chronic Pain Guidelines indicate that Lyrica is recommended for neuropathic pain. However, given the lack of documented efficacy with utilization of this medication for the patient's radiculopathic symptomatology, this does not support continued utilization of this medication at this dose. Given all the above, the request for Lyrica 75 mg #120 is not medically necessary nor appropriate.