

Case Number:	CM14-0013353		
Date Assigned:	02/26/2014	Date of Injury:	01/14/2001
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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:

The patient is a 57-year-old male who has submitted a claim for status post lumbar fusion at L4-S1, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, and painful retained hardware associated with an industrial injury date of January 14, 2001. Medical records from 2013 were reviewed. Recent subjective and objective information about the patient was lacking and some parts incomplete. Previous utilization review dated January 22, 2014 stated that the patient complained of persistent low back pain, grade 8-9/10 in severity. There was radiation to the bilateral lower extremities. Bilateral knee pain was noted with popping and giving away. Physical examination showed tenderness of the paravertebral muscles bilaterally, quadratus lumborum bilaterally, and sacroiliac joint bilaterally. Straight leg raise test was positive on the left lower extremity. There was limited range of motion of the lumbar spine. MRI of the lumbar spine dated December 12, 2008 revealed spinal canal stenosis at L5-S1, mild epidural lipomatosis at L4-L5 and minimal broad-based disc bulging at L2-L3 and L3-L4. Treatment to date has included medications, physical therapy, chiropractic therapy, home exercise program, activity modification, bilateral shoulder arthroscopy, and lumbar fusion surgery. Utilization review, dated January 22, 2014, denied the request for 30 tablets of Ativan 2mg between 1/21/2014 and 3/7/2014 because the medication is for short term use only and the clinical documentation lack evidence that the ongoing use of benzodiazepines was effective. The request for 60 tablets of Percocet 7.5mg between 1/21/2014 and 3/7/2014 was denied because there was no substantial pain relief or functional improvement with its continued use and there was no documentation regarding compliance measures such as toxicology results or any long term opioid risk assessments. Finally, the request for 60 capsules of Lyrica 75mg between 1/21/2014 and 3/7/2014 was denied as well because there was no documentation of any objective

findings to support ongoing neuropathic pain that would require continuing use of anti-convulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use On- Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Patient has been on Lorazepam since October 2013. It was not clear as to why the patient was taking the medication. The information submitted by the medical records was lacking. There was no documentation regarding relief of symptoms and functional improvement with benzodiazepine use. In addition, this medication is not recommended for long-term use. The continued use of lorazepam has exceeded guideline recommendation. Furthermore, the frequency of intake was not specified on the present request. Therefore, the request for Ativan 2mg #30 is not medically necessary.

PERCOCET 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use On- Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been using Percocet since October 2013. There is no documentation of functional improvement with Percocet use. Also, there is no discussion regarding the side effects or possible aberrant behavior with opioid use. MTUS Guidelines require clear and concise documentation for ongoing opioid management. The medical necessity of Percocet was not established due to insufficient information. Furthermore, the frequency of intake was not specified on the present request. Therefore, the request for Percocet 7.5mg #60 is not medically necessary.

LYRICA 75MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use On- Going Management.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, on page 99 states that AEDs are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the patient has been taking Lyrica since October 2013. Rationale for the medication was not mentioned on the clinical records submitted. There was no reported functional improvement from intake of Lyrica. The medical necessity has not been established due to insufficient information. Furthermore, the frequency of intake was not specified on the present request. Therefore, the request for Lyrica 75mg #60 is not medically necessary.