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| Case Number: | CM14-0115838 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 06/17/2008 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old male with a 6/17/08 date of injury. At the time (7/18/14) of the Decision for Lyrica 75mg #480, Topamax 25mg #360, and Oxycodone HCL 30mg #720, there is documentation of subjective (low back pain radiating down to posterior legs and thighs) and objective (blood pressure of 129/73, pulse rate of 88, and Oxygen saturation of 97%) findings, current diagnoses (lumbar disc displacement without myelopathy, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, and pain in joint of pelvic region and thigh), and treatment to date (medications (including ongoing treatment with Lyrica, Topamax, and Oxycodone since at least 1/21/14)). 7/9/14 Medical report identifies that medications increases activity tolerance and functionality; documentation of ongoing opioid treatment assessment; and that Oxycodone is prescribed for breakthrough pain. Regarding Topamax, there is no documentation that other anticonvulsants have failed. Regarding Oxycodone, there is no documentation moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #480: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, and pain in joint of pelvic region and thigh. In addition, there is documentation of ongoing treatment with Lyrica. Furthermore, given documentation of subjective (low back pain radiating down to posterior legs and thighs) findings and a diagnosis of thoracic or lumbosacral neuritis or radiculitis, there is documentation of neuropathic pain. Lastly, given documentation that Lyrica increases activity tolerance and functionality, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Lyrica use to date. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 75mg #480 is medically necessary.

Topamax 25mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topamax) Page(s): 21.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when other anticonvulsants have failed, as criteria necessary to support the medical necessity of Topiramate. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, and pain in joint of pelvic region and thigh. In addition, there is documentation of ongoing treatment with Topamax. Furthermore, given documentation of subjective (low back pain radiating down to posterior legs and thighs) findings and a diagnosis of thoracic or lumbosacral neuritis or radiculitis, there is documentation of neuropathic pain. Lastly, given documentation that Topamax increases activity tolerance and functionality, there is documentation of functional benefit and improvement as an increase in activity tolerance as a

result of Topamax use to date. However, there is no documentation that other anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Topamax 25mg #360 is not medically necessary.

Oxycodone HCL 30mg #720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycontin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy, postlaminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, and pain in joint of pelvic region and thigh. In addition, there is documentation of ongoing treatment with Oxycodone. Furthermore there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Oxycodone increases activity tolerance and functionality, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycodone use to date. However, despite documentation that Oxycodone is prescribed for breakthrough pain, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone HCL 30mg #720 is not medically necessary.