

<b>Case Number:</b>	CM14-0151557		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 48 year old male with a work injury dated 3/29/11. The diagnoses include lumbosacral radiculopathy, status post anterior/posterior lumbar arthrodesis in 2012 with continued complaints; newly diagnosed diabetes; chronic lumbar pain; upper motor neuron bladder disease. Under consideration is a request for numerous medication refills with a 5 month supply. There is a primary treating physician report dated 7/28/14 that states that the patient has continued significant lower back pain radiating into the lower extremities with numbness and weakness. The patient is status post lumbar surgery with continued complaints. This interferes with bending, stooping, squatting, and prolonged standing and walking. There is a request for a 5 month refill of Oxycodone; Lyrica; Docuprene; Oxycontin; Soma. The provider states that he will evaluate the patient monthly but the 5 month supply would avoid gaps in his treatment which could be dangerous to his health. On exam the patient is alert and oriented and at this time there are no signs of sedation. He is ambulating with a single point cane. He is in clear discomfort. There are well healed incisions at the prior operative sites. There are paravertebral spasms in the lumbar musculature with decreased range of motion. There is decreased sensation in the L5 dermatomes with pain. There is a request for authorization for a lumbar epidural injection and a medication refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Anti-Convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available) Antiepilepsy drugs AEDs Page(s): 19 16-18. Decision based on Non-MTUS Citation 9792.20. Medical Treatment Utilization Schedule--Definitions page 1

**Decision rationale:** Lyrica 100mg #60 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per guidelines Lyrica is an antiepileptic drug (AED) and has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia and is considered first-line treatment for both. Furthermore, 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. Per the MTUS guidelines, after initiation of treatment there should be documentation of pain relief and improvement in function. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The request for Lyrica 100mg 360 with 5 refills is not medically necessary.

**Oxycodone 5mg #120 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management When to Discontinue Opioids Page(s): 78-80.

**Decision rationale:** Oxycodone 5mg #120 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient had been using Oxycodone since at least 3/5/2013. The documentation does not indicate significant evidence of functional improvement and persistent pain. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. Additionally a 5 month supply of Oxycodone is not appropriate as the MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for Oxycodone 5mg #120 with 5 refills is not medically necessary.

**Oxycontin 40mg #120 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, When to Discontinue Opioids Page(s): 78-80.

**Decision rationale:** Oxycontin 40mg #120 with 5 refills is not medically necessary per the MTUS chronic pain medical treatment guidelines. The documentation indicates that the patient had been using Oxycontin long term. The documentation does not indicate significant evidence of functional improvement and persistent pain. The current evidence based guidelines recommend the discontinuation of opioid medication if there is a lack of improvement in function or improvement in pain. Additionally a 5 month supply of Oxycontin is not appropriate as the MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for Oxycontin 40mg #120 with 5 refills is not medically necessary.

**Ibuprofen 400mg #60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

**Decision rationale:** Ibuprofen 400mg #60 with 5 refills is not medically necessary. The MTUS states that ibuprofen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to Acetaminophen. The documentation indicates that the patient was taking Ibuprofen without significant evidence of functional improvement or pain relief. Additionally the request for a 5 month supply is not appropriate as the MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The request for Ibuprofen 400mg #60 with 5 refills is not medically necessary.

**Soma 350mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 63,65.

**Decision rationale:** Soma 350mg #60 with 5 refills is not medically necessary per the MTUS chronic pain medical treatment guidelines. The documentation states that the patient had been taking soma for chronic low back pain since 3/5/2013. The guidelines do not recommend long term use of this medication. The guidelines state that this medication should not be used for more than a 2-3 weeks period and this is second line for acute exacerbations of chronic low back pain.

**Docuprene 100mg #120 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Induced Constipation Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** Docuprene 100mg #120 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does support prophylactic treatment of constipation on opioids. The request for opioids was deemed not medically necessary; therefore the request for Docuprene is not medically necessary. Docuprene 100mg #120 with 5 refills is not medically necessary.