

Case Number:	CM14-0153079		
Date Assigned:	09/23/2014	Date of Injury:	03/28/2012
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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 56 year old female who was injured on 03/28/2012. The mechanism of injury is unknown. Past medications history as of 09/15/2014 included Cymbalta, Percocet 10/325 mg, Lorzone, Lyrica 100 mg, Ativan, Valtrex 500 mg, Nexium 40 mg, and Lipitor 80 mg. Toxicology report dated 08/11/2014 detected results for Percocet, Lyrica, Cymbalta, Ativan, Lipitor, and Nexium were consistent with medication management. Progress report dated 09/15/2014 documented the patient to have complaints of upper back pain, mid back pain and neck pain. He reported joint pain as well as muscle pain. Objective findings on exam revealed range of motion of the cervical spine is restricted with flexion to 35 degrees, extension limited to 40 degrees, lateral rotation to the left limited to 80 degrees and lateral rotation to the right limited to 80 degrees as well. The patient is diagnosed with cervical facet syndrome, and cervical pain. She also has a history of thoracic neck strain/sprain and myofascial pain syndrome with history of fibromyalgia. The patient was recommended to continue with Percocet as it helps to reduce her pain by 80% for 12 hours and allows her to get 8 hours of sleep. She was also instructed to continue on Lyrica as it provides her with 90% pain reduction. Prior utilization review dated 09/03/2014 states the request for Percocet 10-325mg #60 between 8/20/2014 and 8/20/2015 is not certified; Lyrica 100mg #60 between 8/20/2014 and 8/20/2015 has been modified to certify Lyrica 100 mg #45 between 08/20/2014 and 08/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #60 Between 8/20/2014 and 8/20/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Percocet (Oxycoden & Acetaminophen).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use, Page(s): 76-96.

Decision rationale: The MTUS Chronic Pain Guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided show the patient has a significant improvement in analgesia with improved level of functioning and ADLs. There does not appear to be any aberrant behavior or significant adverse effects. The patient had a urine drug screen with findings consistent with her medication profile. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

Lyrica 100mg #60 Between 8/20/2014 and 8/20/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, and Lyrica (Pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-20.

Decision rationale: The MTUS Chronic Pain Guidelines recommend Lyrica for the treatment of neuropathic pain and fibromyalgia. The clinical notes document the patient as having fibromyalgia. The subjective and objective findings from the most recent notes demonstrate a component of neuropathic pain. The clinical notes show that the patient has benefited from Lyrica and her current medication regimen. She has improved functioning, pain control, and ADLs. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.