

Case Number:	CM14-0025824		
Date Assigned:	06/13/2014	Date of Injury:	09/12/2005
Decision Date:	07/29/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Pulmonary Diseases 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 injured worker is a 56-year-old male who reported an injury on 09/12/2005. The mechanism of injury was lifting. The injured worker's current diagnoses include chronic low back pain and lumbar degenerative disc disease. His previous treatments included physical therapy, medications, and use of a TENS unit. A urine drug screen conducted on 04/07/2014 was consistent with the medications. Within the most recent clinical note dated 05/05/2014, his symptoms were noted to include chronic low back pain with radicular symptoms to his left lower extremity. The injured worker reported that he had a 50% reduction in his pain with the use of medications. He described his pain as an 8/10 without medications and a 4/10 with medications. His physical examination findings included tenderness to palpation throughout the lumbar spine and the left lumbar paraspinal region, with extension of tenderness into the left buttock. The treatment plan included medication refills and follow up visit in 2 months as he would not be available for the next month. The request was for prescriptions to include Percocet 10/325 mg #90 with 1 refill and Lyrica 75 mg #60 to decrease pain and increase function. The request of authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF PERCOCET 10/325MG, #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78..

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug-taking behavior, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicated that the injured worker's pain was 8/10 without medication and 5/10 with medications. He was also noted to have increased ability to perform his activities of daily living with use of the medication, and light household chores. There was no documentation of adverse side effects, aberrant behavior, and the urine drug screen was consistent with the opioid medications. Additionally, the guidelines recommend that opioid dosing not exceed 120 mg of oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The injured worker has been taking 3 tablets of 10/325 mg of Percocet and 2 tablets of 30 mg OxyContin, which accumulates to the total of 135 mg of oral morphine a day. Therefore, despite evidence of decreased pain and increased function with the use of opioids, the injured worker's daily equivalent dose exceeds the guideline recommendation of 120 mg. The request as submitted did not include the frequency of the medication. As such, the request for Norco 10/325 mg #90 x1 refill is not medically necessary.

PRESCRIPTION OF LYRICA 75MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 99.

Decision rationale: The California MTUS Guidelines recommend the use of Lyrica to treat diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. Within the most recent clinical note, he had findings of radiculopathy and he had increased functional ability and pain relief with the medication. However, the frequency of the medication was not provided. As such, the request for prescription of Lyrica 75 mg, #60, is not medically necessary.