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| <b>Case Number:</b>   | CM14-0028560 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 07/30/2007 |
| <b>Decision Date:</b> | 08/04/2014   | <b>UR Denial Date:</b>       | 02/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2014 |

### 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 67-year-old male with a 7/30/07 date of injury. At the time of request for authorization for 1 prescription of Oxycodone HCL 15mg #180 and 1 prescription of Lyrica 100mg #180 with 4 refills, there is documentation of subjective (radiating neck and shoulder pain) and objective (tenderness over the cervical spine, decreased sensation over the left upper extremity, decreased cervical spine range of motion, and positive axial compression test) findings. The injured worker's current diagnoses include spinal stenosis in cervical region, muscle spasms, cervical spondylosis, COAT, chronic pain, and cervical radiculopathy. His treatment to date includes Lyrica since at least 7/6/12 and ongoing treatment with Oxycodone. There is no documentation 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 as a result of Oxycodone use to date. Additionally, there is no documentation 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 as a result of Lyrica use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF OXYCODONE HCL 15MG #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE OF OPIOIDS, WEANING OF MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-80.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines necessitate 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 opioids. Guidelines indicate 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 spinal stenosis in cervical region, muscle spasms, cervical spondylosis, COAT, chronic pain, and cervical radiculopathy. In addition, 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. However, there is no documentation regarding the criteria for the use of Oxycodone. As such, the request is not medically necessary.

**1 PRESCRIPTION OF LYRICA 100MG #180 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA) Page(s): 19-20.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. Guidelines indicate 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 spinal stenosis in cervical region, muscle spasms, cervical spondylosis, COAT, chronic pain, and cervical radiculopathy. In addition, there is documentation of neuropathic pain. However, there is no documentation 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 as a result of Lyrica use to date. As such, the request is not medically necessary.