

Case Number:	CM14-0056375		
Date Assigned:	07/09/2014	Date of Injury:	12/22/1987
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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 53-year-old female with a date of injury on 12/22/1987. Diagnoses include lumbar disc displacement without myelopathy, sciatica, and spinal stenosis. Subjective complaints are of chronic low back pain. The pain was rated 6/10 with medications and 10/10 without medications. Physical exam shows a normal gait, normal motor strength and reflexes, and negative seated straight leg raise test. Medications include Oxycodone, Lyrica, Naproxen, and Soma. Submitted documentation indicates that medications provide pain relief and functional improvement, with no signs of abuse, and was stable on medications. The request is for Naproxen, Oxycodone, and Lyrica with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #180 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy.

Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. While the use of opioid medications may be indicated for this patient, the request for 11 refills is not consistent with opioid prescribing guidelines. CA MTUS states that ongoing review of pain relief, functional status, appropriate medication use, and side effects must continue to be documented. Therefore, the request for oxycodone with 11 refills is not medically necessary.

Lyrica 150mg #90 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: CA MTUS suggests Lyrica and other antiepileptic drugs (AED) are recommended for neuropathic pain. CA MTUS adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify the objective presence of neuropathic pain. Therefore, the medical necessity for Lyrica with 11 refills is not established.

Naproxen 375mg #90 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: CA MTUS guidelines indicate that Naproxen is recommend as an option for short-term symptomatic relief in patients with chronic low back pain. While use of Naproxen may be indicated for this patient's low back pain, the request is for Naproxen with 11 refills. Guidelines recommend that use of chronic NSAIDs be monitored for evidence of cardiovascular or gastrointestinal side effects. Therefore, the request for Naproxen with 11 refills is no consistent with guideline recommendations, and is not medically necessary.