

Case Number:	CM14-0058980		
Date Assigned:	07/09/2014	Date of Injury:	12/13/2010
Decision Date:	08/13/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 12/13/10 date of injury. At the time (3/28/14) of request for authorization for Percocet 5/325mg #60, Butrans 20mcg #4 plus three (3) refills, and Lyrica 150mg #60, there is documentation of subjective (6-7/10 low back pain described as aching, burning, stabbing, throbbing, shooting, spasming, stiff, pressure and shoots down to left leg, back stiffness, and hip pain) and objective (straight leg raise testing positive bilaterally at 45 degrees, positive pelvic thrust right, pain with valsalva, positive FABER maneuver right, positive Patricks maneuver right, pain to palpation over L3 to L4, L4 to L5 and L5 to S1 facet capsules left, and pain with rotational extension) findings, current diagnoses (lumbar intervertebral disc degeneration and lumbar radiculitis), and treatment to date (medications (including ongoing treatment with Percocet, Butrans, and Lyrica)). Regarding Percocet, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects and 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 Percocet use to date. Regarding Butrans, there is no documentation of chronic pain after detoxification in patients who have a history of opiate addiction and 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 Butrans use to date. Regarding Lyrica, 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:

Percocet 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

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. California Medical Treatment Utilization Schedule (MTUS)-Definitions identifies 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 lumbar intervertebral disc degeneration and lumbar radiculitis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Percocet, 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 Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for Percocet 5/325mg #60 is not medically necessary.

Butrans 20mcg #4 plus three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. MTUS-Definitions identifies 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 lumbar intervertebral disc degeneration and lumbar radiculitis. In addition, there is documentation of chronic pain. However, there is no documentation of chronic pain after detoxification in patients who have a history of opiate addiction. In addition, given documentation of ongoing treatment with Butrans, 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 Butrans use to date. Therefore, based on guidelines and a review of the evidence, the request for Butrans 20mcg #4 plus three (3) refills is not medically necessary.

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic pain Guidelines, Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Lyrica. MTUS-Definitions identifies 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 lumbar intervertebral disc degeneration and lumbar radiculitis. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Lyrica, 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. Therefore, based on guidelines and a review of the evidence, the request for Lyrica 150mg #60 is not medically necessary.