

<b>Case Number:</b>	CM14-0061397		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Tennessee. 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:

This is a 53-year-old female with a 7/16/01 date of injury. The mechanism of injury was an acute slip and fall industrial injury. The most recent report provided for review was a QME report dated 8/11/10. According to the UR decision dated 4/21/14, a progress report dated 3/28/14 was summarized, however, that report was not provided for review. The report dated 3/28/14 stated that the patient had complaints of low back and right left upper extremity pain. Exam revealed an antalgic gait, tenderness, normal reflexes, decreased sensation in the right lower extremities at the L5 and S1 dermatome with weakness of the right EHL. Diagnostic impression (according to the QME report dated 8/11/10): chronic lower back pain and radicular right leg pain. Treatment to date: medication management, activity modification. A UR decision dated 4/21/14 denied the request for Celebrex 200 mg and modified the requests for Oxymorphone 10 mg from 180 tablets with 3 refills to 90 tablets with 0 refills and Oxymorphone ER 15 mg from 230 tablets with 3 refills to 115 tablets with 0 refills for weaning purposes. The decision for Lyrica was unclear. The rationale in the UR decision stated that Lyrica was both not medically necessary and that it was medically necessary. Regarding Celebrex, guidelines do not support long-term utilization of NSAIDS typically. Therefore, this request is not medically reasonable or necessary at this time. Regarding Oxymorphone 10 mg and Oxymorphone ER 15 mg, there is no documentation of a maintained increase in function or decrease in pain with the use of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 20.

**Decision rationale:** The MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. There were no recent progress reports provided for review. The most recent report was a qualified medical examiner report dated 8/11/10. According to that note, the patient has radicular pain and was currently taking Lyrica. However, there are no recent reports to determine the patient's condition and whether or not Lyrica is currently appropriate for her. Therefore, the request for Lyrica 100mg #120 with 3 refills was not medically necessary.

**Celebrex 200mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain ChapterX Other Medical Treatment Guideline or Medical Evidence: FDA (Celebrex) JAMA September 13, 2000, Vol 284, No. 10.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDs in patients with osteoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. The most recent progress note provided was a qualified medical examiner report dated 8/11/10. However, there are no recent reports to determine the patient's condition and whether or not Celebrex is currently appropriate for her. Therefore, the request for Celebrex 200 mg #30 was not medically necessary.

**Oxymorphone HCL 10mg #180 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The most recent progress note provided was a qualified medical examiner report dated 8/11/10. However, there are no recent reports to determine the patient's condition and whether or not Oxymorphone HCL 10 mg is currently appropriate for her. In addition, the patient is also utilizing Oxymorphone HCL ER 15mg. This combination puts the patient's daily MED at 540, far exceeding guideline recommendations of 200 MED daily. An exceedingly high daily MED increases the risk of adverse effects, such as sedation. Therefore, the request for Oxymorphone HCL 10mg #180 with 3 refills was not medically necessary.

**Oxymorphone HCL ER 15mg #230 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The most recent progress note provided was a qualified medical examiner report dated 8/11/10. However, there are no recent reports to determine the patient's condition and whether or not Oxymorphone HCL ER 15 mg is currently appropriate for her. In addition, the patient is also utilizing Oxymorphone HCL 10 mg. This combination puts the patient's daily MED at 540, far exceeding guideline recommendations of 200 MED daily. An exceedingly high daily MED increases the risk of adverse effects, such as sedation. Therefore, the request for Oxymorphone HCL ER 15mg #230 with 3 refills was not medically necessary.