

Case Number:	CM14-0072540		
Date Assigned:	07/16/2014	Date of Injury:	11/26/2008
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The patient is a 59-year-old male who has submitted a claim for cervical radiculitis, chronic neck pain, and cervicgia associated with an industrial injury date of November 26, 2008. Medical records from 2013-2014 were reviewed. The patient complained of midline neck pain, rated 9/10 in severity. The pain was aching, constant, and non-radiating. It was worse with any movement. Physical examination showed tenderness of the cervical parapsinals on the left and the upper trapezius/levator scapula on the left. Range of motion of the cervical spine was limited. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, physical therapy, acupuncture, activity modification, and spinal cord stimulator implantation and revision. Utilization review, dated April 29, 2014, denied the request for Percocet 10/325 #120 because the documentation did not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects; and denied the request for Lyrica 50mg #90 because there was no indication of any improvement in function or pain control with its use. An appeal, dated May 17, 2014, state that Percocet and Lyrica are what allows the patient to try and deal with his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Percocet since October 2013. Although it was stated in the patient's appeal letter dated May 17, 2014 that Percocet make him try and deal with the pain and makes him fully functional, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. Urine drug screen dated March 18, 2014 also showed abnormal results revealing positive tetrahydrocannabinol and opiates. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 10/325 #120 is not medically necessary.

Lyrica 50mg #90: 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: According to page 19 of the California MTUS Guidelines on Chronic Pain Management, Pregabalin (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. In this case, the patient was taking Lyrica since at least October 2013. However, there was no documentation of continued functional benefit with the use of the medication. Although the appeal letter dated May 17, 2014 pertained to Percocet and Lyrica, little information was provided regarding Lyrica. Furthermore, the records did not show that the patient suffered from diabetic neuropathy or postherpetic neuralgia. There is no clear indication for continued use of the requested medication. Therefore, the request for Lyrica 50mg #90 is not medically necessary.