

<b>Case Number:</b>	CM14-0076415		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/24/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a 48-year-old male patient who sustained an industrial injury on 11/21/2013. The diagnoses include lumbago and L4-5 disc protrusion with left sciatica. The mechanism of injury was reported as a lifting heavy tires and moving heavy equipment when he strained his back. A request for Lyrica 75 mg #90 and Oxycodone/Acetaminophen 10/325 mg #180 print (no refill) was uncertified by Utilization Review on 05/16/14. The reviewing physician noted that there is documentation the patient was having progressively worsening pain while on Lyrica in the earlier doses. While the California MTUS indicates antiepileptic drugs such as Lyrica are considered recommended for neuropathic pain, there was a lack of efficacy in this case and ongoing use was not supported. Regarding Oxycodone/Acetaminophen, it was noted the patient was having lightheadedness and decreasing blood pressure while on Lyrica and analgesics. It was also noted there was a lack of efficacy as indicated by worsening pain. On 03/19/14 it was noted the patient was complaining of increasing pain with sharp stabbing and burning sensation. He described numbness of the third, fourth and fifth toes. The patient was given samples of Lyrica 75 mg to take twice per day. Progress note dated 04/27/14 indicates the patient has had progressively worsening pain over the last 3-1/2 months. Pain is now to the point where it is interfering with his work. He describes the pain as radiating down the left leg. Current medications were listed as Atenolol 50 mg 1 tablet daily, Protonix 40 mg twice daily, Metaxalone 800 mg 4 times daily as needed, Hydrochlorothiazide 0.5 mg every morning, Oxycodone/Acetaminophen 10/325 mg 1 Tablet Every 12 Hours, Carafate 1 g/10 mm oral suspension 4 times daily before meals, Hydrocodone/APAP 10/325 mg 4 times per day, and Lyrica 75 mg 3 times daily. Physical examination revealed the patient to have a positive straight leg raise test on the left with pain into the left thigh. Review of his MRI reveals an L4-5 disc protrusion on the left with probable nerve root impingement. This is compatible with his clinical

findings. On 05/13/14 and was noted he has been having problems with low blood pressure which is symptomatic with lightheadedness and has been since he has been on pain medications and Lyrica. It was noted that in the past he has been on beta blockers and diuretics to control his blood pressure. He is now on narcotic analgesics and Lyrica for his neuropathic left leg pain and since these medications his blood pressure has gone lower and he is symptomatic with lightheadedness and orthostatic changes. Lyrica and Oxycodone/APAP were refilled. On 06/16/14 and was noted that the patient continues to take Hydrocodone during the day, Oxycodone in the evening, along with Metaxalone and Lyrica. This allows him to continue working even though his pain is getting progressively worse. He has also had to modify work and is now no longer working full-time. X-rays of the lumbar spine dated 06/12/14 revealed mild degenerative changes of the lumbosacral spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lyrica 75 mg #90:** Upheld

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

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

**Decision rationale:** The California MTUS guidelines states that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. There are few RCTs directed at central pain and none for painful radiculopathy. In the current clinical context, the patient reportedly has radicular pain and documentation identifies a prescription of Lyrica, but does not identify that there has been significant analgesic benefit or functional benefit that would support ongoing use. Throughout the notes, there are no pain ratings on visual analogue scale to objectively quantify any pain relief. Despite the treating provider reporting that Lyrica decreases symptoms and has allowed the patient to continue working, it was also noted pain continues to increase and the patient has now had to modify work duties. There were noted side effects of low blood pressure as a result of Lyrica and opioid analgesics causing lightheadedness. As there is no high-grade evidence to support the use of antiepileptics for the treatment of radiculopathy, the patient has noted side effects related to use of antiepileptics, and there is a lack of objective documentation of pain relief or functional benefit as a result abuse, Lyrica 75 mg #90 (frequency of dosing not specified) is not medically necessary and is not medically necessary.

**Oxycodone/Acetaminophen 10/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for opioid use Page(s): 76-80.

**Decision rationale:** The California MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no objective measurable description of pain relief provided, such as VAS scores, and no indication of significant functional benefit. Despite generic claims that the use of opioids has decreased pain and allowed for continued work, each office visit the patient reports increasing pain and has no modified duties. There are documented side effects as a result abuse including low blood pressure with associated lightheadedness. Furthermore, documentation does not contain date and results of urine drug testing to monitor medication compliance and screen for aberrant behavior, nor is there documentation of a signs narcotic agreement on file. It is noted the patient is being prescribed to different short acting opioids, which is not standard of care. The frequency of dosing is not specified in the request. There is no description of other non-pharmacological conservative treatment being rendered. Therefore, Oxycodone/Acetaminophen 10/325 mg #180 is not medically necessary and is not medically necessary.