

<b>Case Number:</b>	CM14-0077753		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/16/2001
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 51 year old with an injury date on 6/16/01. Patient complains of lumbar pain radiating from lower back down bilateral lower extremities per 4/21/14 report. Pain level has increased since last visit, but otherwise non new problems or side effects per 4/21/14. Based on the 4/21/14 progress report provided by [REDACTED] the diagnoses are lower back pain and RSD lower limb. The exam on 4/21/14 showed "patient has antalgic gait, slowed gait, and uses a cane. The patient has an L-spine range of motion limited by pain and straight leg raise positive on the left side." [REDACTED] is requesting Oxycodone 15mg #90, Duragesic patch 7.5ug/hour #15, Restoril 15mg #30, and Lyrica 100mg #90. The utilization review determination being challenged is dated 5/5/14. [REDACTED] is the requesting provider, and provided treatment reports from 12/2/13 to 4/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 100mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** This patient presents with back pain radiating into both legs. The physician has asked for Lyrica 100mg #90 on 4/21/14. Patient is taking Lyrica as of 12/9/13. Regarding anti-epilepsy drugs, MTUS recommends for neuropathic pain. Regarding Pregabalin (Lyrica, no generic available) MTUS states it is documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the patient has been taking Lyrica for 4 months, but there is no documentation of improvement in pain and function regarding use of Lyrica. Regarding medications for chronic pain, MTUS pg. 60 states physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Due to a lack of documentation of functional improvement in relation to use of Lyrica, therefore the request is not medically necessary.

**Duragesic patch 75mcg/hour, #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44,47.

**Decision rationale:** This patient presents with back pain radiating into both legs. The physician has asked for Duragesic patch 7.5ug/hour #15 on 4/21/14. Patient was taking Duragesic as early as 12/9/13 report. Regarding Duragesic, ODG does not recommend as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Regarding medications for chronic pain, MTUS pg. 60 states physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, patient has been using Duragesic for 4 months and does not describe functional improvement from its use. Due to a lack of a discussion regarding the aim of use, potential benefits, and adverse effects of Duragesic, therefore the request is not medically necessary.

**Restoril 15mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** This patient presents with back pain radiating into both legs. The physician has asked for Restoril 15mg #30 on 4/21/14. Patient was taking Restoril in 12/9/13 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has taken a benzodiazepine for 4 months while MTUS recommends for a maximum of 4 weeks. The requested Restoril 15mg #30 is not medically necessary.

**Oxycodone 15mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with back pain radiating into both legs. The physician has asked for oxycodone 15mg #90 on 4/21/14. Patient was taking oxycodone since at least 12/9/13. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of oxycodone. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, therefore the request is not medically necessary.