

Case Number:	CM14-0090014		
Date Assigned:	09/10/2014	Date of Injury:	03/10/2010
Decision Date:	10/14/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 60-year-old male with a 3/10/10 date of injury. At the time (5/27/14) of request for authorization for Oxycodone 5/325mg #90, Ibuprofen 600mg #60 with 4 refills, Senna #60with 4 refills, and Lyrica 50mg #90with 4 refills, there is documentation of subjective (low back pain radiating to bilateral lower extremities) and objective (positive bilateral straight leg raising test, 2/5 motor strength on left lower extremity, decreased lumbar range of motion, and antalgic gait with footdrop noted) findings, current diagnoses (lumbar radiculopathy and lumbar degenerative disc disease), and treatment to date (medications (including ongoing treatment with Senna, Oxycodone, Lyrica, and Ibuprofen since at least 11/20/13)). Medical reports identify that the patient signed a pain contract. In addition medical reports identify that the patient has constipation. Furthermore, medical reports identify that the medications provide pain relief. Regarding Oxycodone, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; 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 Oxycodone use to date. Regarding Ibuprofen, 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 Ibuprofen use to date. Regarding Senna, 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 Senna 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:

Oxycodone 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9,74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies 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 Oxycontin. 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 radiculopathy and lumbar degenerative disc disease. In addition, there is documentation of ongoing treatment with Oxycodone. Furthermore, given documentation of a signed pain contract, there is 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. However, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, despite documentation that Oxycodone provides pain relief, 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 Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 5/325mg #90 is not medically necessary.

Ibuprofen 600mg #60 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. 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 radiculopathy and lumbar degenerative disc disease. In addition, there is documentation of pain and ongoing treatment with Ibuprofen. However, despite documentation that Ibuprofen provides pain relief, 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 Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 600mg #60 with 4 refills is not medically necessary.

Senna #60with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Medical Treatment Guideline identifies documentation of a diagnosis/condition for which DSS is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of DSS. MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. 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. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy and lumbar degenerative disc disease. In addition, there is documentation of ongoing treatment with Senna. Furthermore, there is documentation of a diagnosis/condition for which DSS is indicated (short-term treatment of constipation). However, 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 Senna use to date. Therefore, based on guidelines and a review of the evidence, the request for Senna #60 with 4 refills is not medically necessary.

Lyrica 50mg #90with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 19-20. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: 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 radiculopathy and lumbar degenerative disc disease. In addition, there is documentation of ongoing treatment with Lyrica. Furthermore, given documentation of subjective (low back pain radiating to bilateral lower extremities) findings and a diagnosis of lumbar radiculopathy, there is documentation of neuropathic pain. However, despite documentation that Ibuprofen provides pain relief, 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 50mg #90with 4 refills is not medically necessary.