

Case Number:	CM14-0090225		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2002
Decision Date:	10/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine and is licensed to practice in North Carolina, Colorado, Kentucky and 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 injured worker is a 51 year old male who had a work related injuries on 05/17/02. Mechanism of injury was not described. Most recent clinical documentation submitted for review was dated 04/10/14. The injured worker had diagnosis of opiate opioid dependence, psychogenic back pain, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome, degeneration of intervertebral disc. The injured worker complained of worsening low back symptoms and presented with left sided low back pain, as well as left lower extremity, buttock, thigh and leg. Present and average pain score was 7/10. Duration of pain was constant but variable in intensity. He complained of spasm of low back, interference with sleep. Any activities aggravated symptoms, medication rest and lying down alleviated symptoms. He did activity of daily living shopping with minimal systems from others, yard work dependent on others. He had physical therapy with moderate improvement, pain medication, steroid injections, antidepressants, neuropathic agents. On physical examination mental status, normal mood and affect and awake and alert. Orientation to person place and time. Gait and posture were normal. No swelling, erythema ecchymosis, surgical scars were present. Tenderness to palpation no tenderness to palpation. Lumbar spine within normal limits except for flexion which was limited to 15 degrees, extension limited to 5 degrees. Right side bending limited 10 degrees. Left side bending limited 10 degrees. Motor strength in the lumbar spine was normal and abdominal muscles were normal. Prior utilization review on 06/02/14 was non-certified. Current request was for oxycodone 10 325s 10/325 #90. Lyrica 75mg #60 with three refills, baclofen 10mg vs. 60 with two refills. In review of clinical records, there were no visual analog scale scores with and without medication, the there was no clinical documentation of functional improvement with medication. No urine drug screen submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-acetaminophen 10mg-325mg #90, 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Lyrica 75mg #60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica, no generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Page(s): 99.

Decision rationale: As noted on page 99 of the Chronic Pain Medical Treatment Guidelines, Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy, postherpetic neuralgia, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no indication in the documentation that the patient has been diagnosed with fibromyalgia or has objective findings consistent with neuropathic pain. Additionally, there is no indication of reassessment of the benefit associated with the use of Lyrica. As such, the request for Lyrica 75mg #60 3 refills, is not medically necessary.

Baclofen 10mg Qty: 60-2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen (Lloresal, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.