

<b>Case Number:</b>	CM14-0189571		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	04/19/2006
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 58-year old man who was injured on 4/19/2006. The diagnoses are low back pain, status post lumbar fusion and lumbar radiculopathy. The 2014 MRI of the lumbar spine showed L4-L5 disc herniation impinging on left L5 nerve root. The patient completed PT and epidural steroid injections. On 10/6/2014, [REDACTED] noted subjective complaint of low back pain radiating to the left leg associated with numbness and burning sensation. The pain score was rated at 10/10 without medications but decreases down to 4/10 with medications. There is functional restoration and improved ADL with utilization of the medications. There are objective findings of muscle spasm, tenderness to palpation of the lumbar spine and sensory loss in the lower extremity dermatomes. The UDS was reported to be consistent with prescribed medications. The medications are Percocet, Lyrica and ibuprofen for pain. The patient is also utilizing Flexeril for muscle spasm and Colace with Senokot for the treatment of opioid induced constipation. A Utilization Review determination was rendered on 10/24/2014 recommending non-certification for Lyrica 75mg BID #60, ibuprofen 800mg TID #90, Percocet 5/325mg 1-2 bid PRN #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg BID #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Pregabalin (Lyrica) Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic pain as well as chronic pain syndrome with associated myofascial pain / fibromyalgia syndrome. The records indicate that the patient have subjective, objective and radiological findings consistent with lumbar radiculopathy with neuropathic pain properties. The patient reported significant pain relief with utilization of Lyrica. There is no reported adverse medication effect. The Lyrica 75mg BID #60 is medically necessary.

**Ibuprofen 800mg TID #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of gastrointestinal, renal and cardiovascular complications. The records indicate that the patient reported significant pain relief with utilization of the medications. There is no reported adverse effect. The Ibuprofen 800mg TID #90 is medically necessary.

**Percocet 5/325mg 1-2 twice daily PRN #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbations of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioid is associated with the development of tolerance, dependency, opioid induced hyperalgesia, addiction and adverse interaction with muscle relaxants and other sedatives. The records indicate that the patient had been on chronic opioid treatments. The patient is also utilizing multiple medications for the treatment of opioid induced constipation. The Percocet 5/325mg 1-2 twice daily PRN #120 is not medically necessary.

