

Case Number:	CM14-0199332		
Date Assigned:	12/09/2014	Date of Injury:	06/05/2003
Decision Date:	01/26/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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 case involves a 52 year old male patient who sustained a work related injury on 6/5/2003. The patient sustained the injury when the patient touched a live wire on an air conditioner. The current diagnoses include electrical shock, heart palpitations, headaches, and status post superior labrum anterior-posterior (SLAP) repair. Per the doctor's note dated 10/17/14, the patient has complaints of lower back pain with radiation, numbness, and tingling to both lower extremities. Physical examination revealed lumbosacral tenderness with restricted range of motion. Per the doctor's note dated 12/1/14, the patient had complaints of low back pain with numbness and tingling radiating into his lower extremities and feet. In addition, the patient noted right knee pain with popping and burning causing him to walk with an awkward gait at 4-8/10. Physical examination revealed tenderness on palpation, muscle spasm, limited range of motion and antalgic gait. The current medication lists include Percocet, Lunesta, Soma, and Lyrica. The patient has had an MRI scan of the knee that revealed a meniscal tear; X-rays of the cervical spine that revealed hyperlordosis; MRI of the cervical spine that revealed degenerative disk disease involving C5-6 and C6-7, worse at C5-6; and acquired spinal stenosis at C5-6. MRI of the left shoulder revealed a full thickness tear of the rotator cuff tendon and grade I to II separation of the acromioclavicular joint. The patient's surgical history include left shoulder subacromial decompression and debridement of SLAP lesion and bursectomy of the left shoulder with distal clavicle excision on 10/09/03; right carpal tunnel release; right ulnar nerve release (07/12/05); excision hematoma, right arm (08/23/05); L2-3, L3-4 discectomy and anterior lumbar inter body fusion; and removal lumbar hardware on 03/17/13. The patient has received an unspecified number of the physical therapy (PT) and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Criteria for use of Opioids; Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Percocet is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS, a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. With this, this patient does not meet criteria for ongoing continued use of opioids analgesic. Therefore, this request is not medically necessary.

Lyrica 100mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16,19.

Decision rationale: Lyrica is an antiepilepsy medication. According to MTUS chronic pain guidelines, regarding antiepileptic, "Recommended for neuropathic pain (pain due to nerve damage". Regarding lyrica/ pregabalin, "Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." The current

diagnoses include electrical shock, heart palpitations, headaches, and status post superior labrum anterior-posterior (SLAP) repair. Per the doctor's note dated 10/17/14, the patient has complaints of lower back pain with radiation, numbness, and tingling to both lower extremities and physical examination revealed lumbosacral tenderness with restricted range of motion. Per the doctor's note dated 12/1/14, the patient had complaints of low back pain with numbness and tingling radiating into his lower extremities and into his feet. In addition, the patient had complaints of right knee pain with popping and burning causing him to walk with an awkward gait at 4-8/10. Physical examination revealed tenderness on palpation, muscle spasm, limited range of motion and antalgic gait. MRI of the cervical spine revealed degenerative disk disease involving C5-6 and C6-7, worse at C5-6; and acquired spinal stenosis at C5-6. MRI of the left shoulder revealed a full thickness tear of the rotator cuff tendon and grade I to II separation of the acromioclavicular joint. The patient's surgical history include left shoulder subacromial decompression and debridement of SLAP lesion and bursectomy of the left shoulder with distal clavicle excision on 10/09/03; right carpal tunnel release; right ulnar nerve release (07/12/05); excision hematoma, right arm (08/23/05); L2-3, L3-4 discectomy and anterior lumbar interbody fusion; and removal lumbar hardware on 03/17/13. The patient has significant documented abnormal objective findings along with significant abnormalities in the imaging studies. The patient has also had multiple surgeries. The patient has chronic myofascial pain along symptoms suggestive of nerve related pain. Therefore, this request is medically necessary.