

<b>Case Number:</b>	CM14-0201196		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/18/1999
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of 10/18/99. A utilization review determination dated 11/13/14 recommends non-certification/modification of OxyContin, oxycodone, and Lyrica. 11/13/14 medical report identifies pain 4-5 with medication. Generally good pain control without untoward side effects. Lyrica is helpful for spasms and nerve pain into the lower extremity. On exam, there is weakness in the left leg, particularly on left hip flexion against resistance. "Motor is antigravity x 4." Patient stretches regularly and maintains as much activity as he can manage. He was largely chair and bed bound before the medication regimen and his mental state was compromised with irritability and depression from intractable pain. He estimates 50-70% reduction in pain with this regimen. He has not demonstrated aberrancies, appears to be utilizing medications appropriately, and has a signed opioid agreement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg 2 PO daily #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without significant side effects and the provider notes appropriate medication use and a signed pain contract with no aberrant use. In light of the above, the currently requested OxyContin is medically necessary.

**Oxycodone 5 mg 1-2 PO daily #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without significant side effects and the provider notes appropriate medication use and a signed pain contract with no aberrant use. In light of the above, the currently requested Oxycodone is medically necessary.

**Lyrica 150 mg 2 PO daily #60 with 5 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for pregabalin (Lyrica), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the provider notes significant relief of spasms and nerve pain and improved function without any intolerable side effects. In light of the above issues, the currently requested pregabalin (Lyrica) is medically necessary.

