MAXIMUS Federal Services

Case Number:	CM14-0205312		
Date Assigned:	12/17/2014	Date of Injury:	02/12/2000
Decision Date:	02/12/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational 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 47-year-old male with a 2/12/00 date of injury. The injury occurred when he slipped in a walk-in freezer and fell backwards onto his buttock. According to a handwritten and largely illegible progress report dated 12/8/14, the patient complained of worsening low back pain that radiated to the bilateral lower extremities, associated with numbness and tingling. He reported his current pain level as a 9/10 and wanted to have surgery. He rated his pain with medications as a 7/10 and without medications as a 10/10. Objective findings: lumbar spine guarding and spasms, decreased range of motion in all planes, positive bilateral SLR. Diagnostic impression: status post multiple lumbar spine surgeries (7/10/96, 6/10/01, 4/7/03), bilateral lower extremity radiculopathy.Treatment to date: medication management, activity modification, multiple surgeries. A UR decision dated 11/6/14 denied the requests for Oxycontin, Percocet, Lyrica, and Elavil. Regarding Oxycontin and Percocet, the claimant has not been approved for these medications in the past. There was no documentation of significant objective benefit from the use of this medication. Regarding Lyrica, there was no clinical supporting documents to confirm the reported neuropathy diagnosis. Regarding Elavil, there was no clinical supporting documents to confirm the reported depression diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg, 45 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant functional improvement or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the date of injury in 2000, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Oxycontin 40mg, 45 count is not medically necessary.

Percocet 10/325 mg, 45 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant functional improvement or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the date of injury in 2000, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Percocet 10/325mg, 45 count is not medically necessary.

Lyrica 150 mg, ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. In the present case, it is noted that this patient had subjective complaints of low back pain that radiated to the bilateral lower extremities, associated with numbness and tingling. In addition, he has a diagnosis of bilateral lower extremity radiculopathy. Guidelines support the use of Lyrica for neuropathic and radicular pain. Therefore, the request for Lyrica 150mg, ninety count is medically necessary.

Elavil 50 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Antidepressants

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. In the present case, it is noted that this patient had subjective complaints of low back pain that radiated to the bilateral lower extremities, associated with numbness and tingling. In addition, he has a diagnosis of bilateral lower extremity radiculopathy. Guidelines support the use of Elavil for neuropathic and radicular pain. Therefore, the request for Elavil 50mg, sixty count is medically necessary.