

Case Number:	CM14-0205447		
Date Assigned:	12/17/2014	Date of Injury:	10/11/1999
Decision Date:	02/12/2015	UR Denial Date:	11/08/2014
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:

Patient is a 37 year-old male with date of injury 10/11/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/15/2014, lists subjective complaints as pain in the low back. Status post lumbar surgery in 2009. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature and sacroiliac joint region. Straight leg raising test, Patrick's test, and fact loading tests were all positive. On strength testing, there was weakness noted in the bilateral lower extremities diffusely. Sensation was decreased to light touch in the bilateral lower extremities as well. Diagnosis: 1. Lumbar radiculopathy 2. Failed back surgery syndrome 3. Anxiety 4. Depression 5. Chronic pain syndrome 6. Opioid dependence. Original reviewer modified medication request to Percocet 10/325mg, #30. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Percocet 10/325mg, #60 SIG: po q. 6h 2. Lyrica 100mg, #90 SIG: po q. 8h.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, this request is not medically necessary.

Lyrica 100 mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. The medical record has no documentation whether Lyrica is helpful. Therefore, this request is not medically necessary.