

Case Number:	CM15-0007032		
Date Assigned:	01/22/2015	Date of Injury:	01/28/2013
Decision Date:	03/24/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 57 year old female, who sustained an industrial injury on 1/28/13. On 1/13/15, the injured worker submitted an application for IMR for review of Lyrica 25mg #90 and Oxycodone 5mg #120. The treating provider has reported the injured worker complains of low back pain that radiates to the lower extremities. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included an MRI of the lumbar spine (3/25/13) and cervical spine MRI, EMG lower extremities, and most recent acupuncture (1/2015). On 12/29/14 Utilization Review non-certified Lyrica 25mg #90 and Oxycodone 5mg #120 noting the MTUS 2009 - Chronic Pain, Opioids, On-Going Management, page 76.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 25mg # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepilepsy drugs (AED's)). Pregabalin (Lyrica). Page(s): 16-22, 99..

Decision rationale: Per the MTUS, Antiepilepsy drugs (AEDs) are recommended for neuropathic pain. Pregabalin has been documented to be effective in the treatment of diabetic neuropathy and post herpetic neuralgia and is considered first line treatment for both, It has also been approved for the treatment of fibromyalgia. Most randomised controlled trials (RCT)'s for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy. There are few RCT"s directed at central pain and none for painful radiculopathy. The choice of specific agents will depend on the balance between effectiveness and adverse reactions. A review of the injured workers medical records show that she has neuropathic pain and appears to be having a satisfactory response to Lyrica which is considered a first line treatment for neuropathic pain and therefore based on her clinical response and the guidelines, the request for Lyrica 25mg # 90 is medically necessary and appropriate.

Oxycodone 5mg # 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96..

Decision rationale: The MTUS recommends specific documentation guidelines for ongoing treatment with opioids and recommends discontinuing if there is no overall improvement in function unless there are extenuating circumstances. Ongoing management monitoring include the 4 A's which include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS. A review of the injured workers medical records dated 11/11/2014 discuss the 4 A's of ongoing treatment monitoring and the injured worker appears to be having a satisfactory response to her treatment regimen with documented improvement in pain and function. therefore based on her clinical response and the guideline recommendations the request for Oxycodone 5mg # 120 is medically necessary.