

Case Number:	CM15-0008465		
Date Assigned:	01/26/2015	Date of Injury:	07/30/2010
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 30, 2010. In a Utilization Review Report dated December 22, 2014, the claims administrator failed to approve requests for Percocet, Norco, Lyrica, and Flexeril. The claims administrator referenced an RFA form received on December 12, 2014 in its determination. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery, earlier left shoulder surgery, and earlier cervical spine surgery. The claims administrator referenced a progress note of November 21, 2014 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated November 21, 2014, Percocet, Norco, Lyrica, and Flexeril were endorsed, along with a referral to a chronic pain management specialist, a cervical collar, a home health aide, and confirmatory urine drug testing. In an associated progress note of the same date, November 21, 2014, the applicant reported multifocal complaints, of neck, shoulder, and low back pain. The attending provider acknowledged that, he, too, was not comfortable with the high dosage of opioids which the applicant was using. Ongoing complaints of neck and shoulder pain with associated throbbing and spasms were evident, 7-9/10. A cervical collar was endorsed. The applicant was asked to transfer care to a pain management specialist. A home health aide was sought, although it was not clearly stated for what purpose the home health aide was needed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78-79, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, it was acknowledged. The applicant continued to report pain complaints as high as 7-9/10, despite ongoing Percocet usage as of a November 26, 2014 progress note, referenced above, at which point, it was incidentally noted, the attending provider seemingly stated that, he, too, was uncomfortable with the current dosages and amounts of opioids which the applicant was consuming. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Norco 10/325 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78-79, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: Similarly, the request for Norco, another short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not furnish any rationale for concurrent provision of two separate short-acting opioid agents, Norco and Percocet. Therefore, the request was not medically necessary.

Lyrica 100 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin topic; Functional Restoration Approach to Chronic Pain Management section Page(s): 99.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended in the treatment of diabetic neuropathic pain, postherpetic neuralgia, and, by analogy, the neuropathy (radicular) reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of Lyrica. Ongoing usage of Lyrica has failed to curtail the applicant's dependence on opioid agents such as Norco and Percocet. The applicant continued to report pain complaints as high as 7-9/10 on November 21, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lyrica (pregabalin). Therefore, the request was not medically necessary.

Flexeril 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Lyrica, Norco, Percocet, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.