

<b>Case Number:</b>	CM15-0100579		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	01/03/2010
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 53-year-old male who sustained an industrial injury on 01/03/10. Initial complaints and diagnoses are not available. Treatments to date include 2 back surgeries, medications, cognitive behavioral therapy, and a spinal cord stimulator. Diagnostic studies are not addressed. Current complaints include lower back pain. Current diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis, and post laminectomy syndrome of the lumbar region. In a progress note dated 04/08/15, the treating provider reports the plan of care as medication including Lyrica and Percocet. The requested treatments include Percocet and Lyrica. He has been on Lyrica since at least 12/16/13 and Percocet since at least 04/08/14. Per the notes, he is down from 6 Norco and 6 Percocet/day to 5 Percocet/day. The documentation submitted supports 4-5 Norco/day with Lyrica on 12/16/13 and 5 Percocet/day with Lyrica on 04/08/14. Per the notes, he did not have pain relief with gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 200mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Lyrica 200 mg #90 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are lumbago; thoracic or lumbosacral neuritis or radiculitis NOS; and post laminectomy syndrome lumbar region. Subjectively, according to an April 8, 2015 progress note, the injured worker has low back pain with right leg swelling and pain. The pain score with medication is 4-5/10. Lyrica appears in a progress note as far back as June 27, 2013. The documentation does not demonstrate objective functional improvement with ongoing Lyrica to support continuing Lyrica at the present time. Consequently, absent clinical documentation with objective functional improvement to support the ongoing long-term use of Lyrica, Lyrica 200 mg #90 is not medically necessary.

**Percocet 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 10/325mg #150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; thoracic or lumbosacral neuritis or radiculitis NOS; and post laminectomy syndrome lumbar region. Subjectively, according to an April 8, 2015 progress note, the injured worker has low back pain with right leg swelling and pain. The pain score with medication is 4-5/10. The documentation shows Percocet was prescribed as far back as April 8, 2014. Pain scores at that time were 4-5/10. Subjectively, according to an April 8, 2015 progress note, the injured worker has low back pain with right leg swelling and pain. The pain score remains (with medication) 4-5/10. There is no documentation evidencing objective functional improvement to support the ongoing use of Percocet 10/325 mg. Consequently, absent clinical documentation with objective functional improvement to support the ongoing, long-term use of Percocet, Percocet 10/325mg #150 is not medically necessary.