

<b>Case Number:</b>	CM15-0100813		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/11/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/20/2015
<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  
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on 7/11/2002. She reported injury from a slip and fall. The injured worker was diagnosed as having an anterior lumbar fusion and lumbar disc displacement. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection, lumbar surgery, physical therapy, spinal cord stimulator trial and medication management. In a progress note dated 5/5/2015, the injured worker complains of chronic low back pain with improved right lower extremity symptoms. Pain is rated 8/10 which is an increase from 3/10. Physical examination showed lumbar spasm and guarding. The treating physician is requesting Lyrica 100 mg #90 and Oxycodone Hcl IR 5 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Lyrica 100mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregablin (Lyrica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti+epilepsy drugs(AEDs) Page(s): 16-20.

**Decision rationale:** As per MTUS Chronic pain guidelines, Anti-epilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. It is used off label for neuropathic pain. Patient has L5 radiculopathy from EMG. Documentation states that Lyrica helps with neuropathic issues including burning sensation and numbness. It aids in function although pain is only mildly improved. There minimal side effects. Documentation supports continued use of Lyrica. Lyrica is medically necessary.

**One (1) prescription of Oxycodone HCL IR 5mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Oxycodone is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has appropriate documentation of monitoring. While patient has chronic pain condition that will not likely improve acutely, documentation shows pain is worsening. Plan for potential intrathecal pain pump is being considered due to poor pain control. Due to documentation of worsening pain and no improvement in function, current continued use of oxycodone is not supported. Oxycodone is not medically necessary.