

<b>Case Number:</b>	CM15-0017391		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/13/1996
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 sustained an industrial injury on July 13, 1996. He has reported low back and bilateral lower extremity pain and has been diagnosed with lumbar postlaminectomy syndrome status post L4-S1 fusion with multilevel lumbar disc disease and intermittent left leg radiculopathy and diffuse peripheral neuropathy. Treatment has included medications, spinal cord stimulator implant, and a home exercise program. Currently the injured worker complains of tingling sensation in both feet. The treatment plan included medication refills. On January 5, 2015 Utilization Review non certified Lyrica 150 mg # 30, Oxycodone 15 mg # 210, Avinza 30 mg # 60, and cyclobenzaprine 7.5 mg # 60 citing the MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 150mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Lyrica Page(s): 19-20.

**Decision rationale:** The patient was injured on 07/13/96 and presents with low back and bilateral lower extremity pain. The request is for LYRICA 150 MG 30. There is no RFA provided and the patient is working full duty. He has a tingling sensation in both feet and describes this as walking on the rocks. He has diminished sensation along the bilateral soles of his feet. He has been taking Lyrica since 07/26/14. MTUS guidelines page 19-20 have the following regarding Lyrica: "Pregabalin - Lyrica, no generic available, has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." It further states Weaning: Do not discontinue Pregabalin abruptly and weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation. The 10/20/14 report states that medications have been beneficial in reducing his symptoms without any side effects. The 11/17/14 report indicates that use of current medications allows him to continue working full duty and participate in ADLs and home exercise regimen. The 12/15/14 report states that Lyrica has been helping. In this case, the patient has been diagnosed with lumbar postlaminectomy syndrome status post L4-S1 fusion with multilevel lumbar disc disease, intermittent left leg radiculopathy, and diffuse peripheral neuropathy. He has been taking Lyrica since at least 07/26/14. The treater provides general statements regarding how Lyrica has been helping. The patient does present with postlaminectomy syndrome, a neuropathic condition for which Lyrica is supported per MTUS. Given the patient's functional status, it would be reasonable to continue this medication. The request IS medically necessary.

**Oxycodone 15mg, #210:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 07/13/96 and presents with low back and bilateral lower extremity pain. The request is for OXYCODONE 15 MG #210. There is no RFA provided and the patient is working full duty. He has a tingling sensation in both feet and describes this as walking on the rocks. He has diminished sensation along the bilateral soles of his feet. The patient has been taking Oxycodone since at least 07/26/14. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/20/14 report states that medications have been beneficial in reducing his symptoms without any side effects. The 11/17/14 report indicates that use of current medications allows him to continue working full duty and participate in ADLs and home exercise regimen. The patient has been compliant with all aspects of our practice, has signed opiate contract in place with most current urine drug screen, which is consistent with the medications prescribed. The 12/15/14 report states that he continues to derive benefits from Avinza and Oxycodone. The

patient is currently working full duty. In this case, the treater states that the patient does not have any side effects/aberrant behavior and also mentions that the patient is working full duty. The patient does have a signed opiate contract on file and had a urine drug screen on 10/21/14 which revealed that he was consistent with his prescribed medications. The treating physician does provide proper documentation that is required by MTUS Guidelines for continued opiate use. The request IS medically necessary.

**Avinza 30mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 07/13/96 and presents with low back and bilateral lower extremity pain. The request is for AVINZA 30 MG #60. The utilization review determination rationale is that the submitted record fails to provide supporting evidence of objective functional benefit. There is no RFA provided and the patient is working full duty. He has a tingling sensation in both feet and describes this as walking on the rocks. He has diminished sensation along the bilateral soles of his feet. He has been taking Avinza since at least 07/26/14. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 10/20/14 report states that medications have been beneficial in reducing his symptoms without any side effects. The 11/17/14 report indicates that use of current medications allows him to continue working full duty and participate in ADLs and home exercise regimen The patient has been compliant with all aspects of our practice, has signed opiate contract in place with most current urine drug screen, which is consistent with the medications prescribed. The 12/15/14 report states that he continues to derive benefits from Avinza and Oxycodone. The patient is currently working full duty. In this case, the treater states that the patient does not have any side effects/aberrant behavior and also mentions that the patient is working full duty. The patient does have a signed opiate contract on file and had a urine drug screen on 10/21/14 which revealed that he was consistent with his prescribed medications. The treating physician does provide proper documentation that is required by MTUS Guidelines for continued opiate use. The requested Avinza IS medically necessary.

**Cyclobenzaprine 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient was injured on 07/13/96 and presents with low back and bilateral lower extremity pain. The request is for CYCLOBENZAPRINE 7.5 MG #60. There is no RFA provided and the patient is working full duty. He has a tingling sensation in both feet and describes this as walking on the rocks. He has diminished sensation along the bilateral soles of his feet. MTUS page 63-66 states: muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommend for a short course of therapy. MTUS guidelines do not recommend use of Cyclobenzaprine for longer than 2-3 weeks. In this case, the treater is requesting for quantity 60 of Cyclobenzaprine, which exceeds the 2-3 weeks recommended by MTUS guidelines. Therefore, the requested Cyclobenzaprine IS NOT medically necessary.