

Case Number:	CM15-0135857		
Date Assigned:	07/23/2015	Date of Injury:	12/17/1992
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: Family Practice

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 76 year old female who sustained an industrial injury on 12/17/1992. The injured worker was diagnosed with failed back surgery syndrome, intractable low back pain, lumbar radiculopathy and insomnia. The injured worker is status post lumbar surgery (no date/procedure documented) and an implanted spinal cord stimulator. Treatment to date has included diagnostic testing, surgery, spinal cord stimulator (SCS) implant, aquatic pool therapy weekly, and cane for ambulation, housekeeping services and medications. According to the primary treating physician's progress report on June 29, 2015, the injured worker continues to experience low back and extremity pain. The injured worker rates her pain level at 4-5/10. The report notes that the injured worker has been unable to wean medications in the past due to increased pain and decreased function. CURES report and urine drug screening have been consistent with treatment. The injured worker has an antalgic gait and ambulates with a cane. Current medications are listed as OxyContin 40mg, Percocet 10/325mg, Lunesta and Lyrica. Treatment plan consists of Computed Tomography (CT) of the lumbar spine, housekeeping services, pool therapy and the current request for Percocet 10/325mg and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Percocet 10-325mg #150: Upheld

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

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

Decision rationale: The MTUS guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. As noted in the MTUS guidelines, it is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. In this case, the current cumulative morphine equivalent dosage exceeds the amount recommended by the MTUS guidelines. The medical records note that Utilization Review has allowed for modification of the requested medication for weaning purposes. The request for 1 prescription of Percocet 10-325mg #150 is therefore not medically necessary and appropriate.

1 prescription of Lyrica 75mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Anti-epilepsy drugs (AEDs) Page(s): 99, 16-21.

Decision rationale: According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Lyrica is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is followed for chronic neuropathic pain with improvement noted with the utilization of Lyrica. The request for 1 prescription of Lyrica 75mg #90 with 1 refill is medically necessary and appropriate.