

Case Number:	CM15-0146198		
Date Assigned:	08/07/2015	Date of Injury:	04/08/1993
Decision Date:	09/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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, Hawaii

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 is a 61 year old male who sustained an industrial injury on 04-08-1993. He reported an injury to his back. Treatment to date has included medications, chiropractic care, physical therapy, transcutaneous electrical nerve stimulation and spine surgeries. Diagnoses included post-laminectomy pain syndrome, ongoing lumbar radiculopathy down the right leg at L5-S1 level, lumbar facet osteoarthritis and painful hardware. According to an initial consultation dated 2-20-2015, the injured worker reported continuous constant aching cramping pain across the low back with numbness, tingling and burning sensations down the posterior lateral leg, right greater than left. Pain was rated 8 on a scale of 1-10. Current medications included Norco 10-325 mg four times a day, Lyrica 100 mg three times a day, Simvastatin, Oxycodone 30 mg every day, Ultram 50 mg four times a day, Elavil 10 mg three times a day and Lisinopril 20 mg every day. Medication allergies included Demerol. Social history included one pack per day for 30 years and 20 drinks per week. He was currently retired. The treatment plan included MS Contin 15 mg twice a day for prolonged pain relief, Oxycodone 15 mg three times a day for acute pain. Recommendations included a lumbar facet diagnostic/therapeutic injection and transforaminal epidural steroid injection. He was to follow up in one month. According to a report by another provider dated 03-19-2015, the injured worker brought his prescriptions written by the other provider to his office. He had not yet started on the MS Contin. He reported that Oxycodone was giving him decent relief. Complaints of pain were not addressed. The injured worker was given replacement prescriptions for MS Contin 15mg twice a day and Oxycodone IR 15 mg 1 three times a day as needed for pain. On 05-19-2015, the injured worker

reported that he was doing reasonably well with the combination of MS Contin and Oxycodone but he had been out of the Oxycodone and the pain had really shot up. He was getting about a 6/10 relief with the combination of medications. He had been more active working in his garden. He reported that even just 5 minutes of work could really get the pain flared up. He requested to increase the Oxycodone. The provider increased MS Contin to 30 mg #60, 1 twice a day and also prescribed Oxycodone 15 mg #90, 1 three times a day. According to a progress report dated 06-18-2015, the injured worker was told that his Oxycodone would be covered by workers' compensation but not the MS Contin. Even with the increased dose of the MS Contin, he was not sure how much good that was doing. He had been out of Oxycodone for 2 days and there had been a marked increase in his pain. He was not sleeping. He was trying over the counter medications. The provider noted that Workers' Compensation was refusing to cover the Elavil, which was given mostly for help with his chronic pain and for sleep. Assessment included chronic pain 20+ years from low back injury and difficulty getting him on a good pain regimen that would be covered by worker's compensation. The injured worker reported that he would like to try getting off of the MS Contin as he was not convinced that it really helped much. The treatment plan included decreasing MS Contin back down to 15 mg #60 twice a day, renew Lyrica 100 mg #90, 1 every morning and 2 every bedtime and Oxycodone 15 mg #90 three times a day. As an experiment, the provider was asking the injured worker that after he was back on the MS Contin 15 mg for 2 weeks that he try stopping this for a few days and see how the pain changes and whether or not there was any help with the MS Contin. After 2 days, he was to do once a day of increasing the Oxycodone to 30 mg three times a day. After that trial, he was to restart the MS Contin. With this trial he would go through his Oxycodone a day early. He was to return in one month. Currently under review is the request for Oxycodone 15 mg #90, MS Contin 15 mg # 60 and Lyrica 100 mg #90. Documentation shows long-term use of Oxycodone and Lyrica. MS Contin was started on 03-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycotin (oxycodone).

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

Decision rationale: The patient presents with constant low back pain with numbing, tingling and burning down the posterior lateral leg area greater on the right. The current request is for Oxycodone 15mg, quantity 90. The treating physician requests on 6/18/15 (7B) "Oxycodone 15mg, #90, 1 t.i.d." On 8/6/15 (9B), the treating physician notes the patient is now completely weaned off MS Contin and is now on a higher dose of Oxycodone, 30mg. He notes the patient pain is much better controlled with the higher dose than on the combination of the two medications at lower doses, allowing for some ADLs that he had not been able to participate in. For chronic opiate use, 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case there is no discussion regarding analgesia, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines.

MS Contin 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate, Morphine sulfate ER, CR.

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

Decision rationale: The patient presents with constant low back pain with numbing, tingling and burning down the posterior lateral leg area greater on the right. The current request is for MS Contin 15mg, quantity 60. The treating physician requests on 6/18/15 (7B) "MS Contin down to 15mg, #60, 1 b.i.d." On 8/6/15 (9B) the treating physician notes the patient is now completely weaned off MS Contin and is now on a higher dose of Oxycodone, 30mg. He notes the patient pain is much better controlled with the higher dose than on the combination of the two medications at lower doses. For chronic opiate use, 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, there is no discussion regarding analgesia, adverse side effects or aberrant behaviors. Additionally, there is no documentation of a 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. MTUS guidelines require much more thorough documentation for ongoing opioid usage. Per the clinical records provided it seems the patient has been weaned off of this medication. The current request is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Pregabalin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 16-19, 99.

Decision rationale: The patient presents with constant low back pain with numbing, tingling and burning down the posterior lateral leg area greater on the right. The current request is for Lyrica 100mg, quantity 90. The treating physician requests on 6/18/15 (7B) "Renewal of Lyrica 100mg, #90, 1 q.a.m, 2 h.s." On 8/6/15 (9B), the treating physician notes the patients peripheral neuropathy symptoms are worsened by the denial of the Lyrica. MTUS guidelines support the usage of Lyrica for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the patient has had a trial of Lyrica and it is documented in the clinical history that the patient's low back pain radiates down the posterior lateral legs. The treating physician has prescribed a medication that is supported by MTUS for the treatment of radiating pain into the legs. However, ongoing usage requires appropriate supporting documentation as outlined in MTUS: "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use." The current request is not medically necessary.