

Case Number:	CM15-0169118		
Date Assigned:	09/09/2015	Date of Injury:	02/14/2000
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, who sustained an industrial injury on 2-14-2000. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar herniated nucleus pulposus, and shoulder joint pain, post-laminectomy of the lumbar, lumbar or thoracic radiculopathy. On 5-21-2015, he reported low back pain. He indicated the low back pain to be worse with bending and lifting and over time. He utilizes up to 4 tablets of Oxycodone per day, and Gabapentin 600mg three times daily with Lyrica 150mg three times daily. He rated his pain 8 out of 10. He is noted to have increasing pain with right axial rotation and flexion. On 6-19-2015, he reported low back pain. He indicated he would like a decrease in his Duragesic patch. He reported being more active and feeling good. He also reported that his spinal cord stimulator battery was not charging as long and not working properly. He reported that Duragesic patches do not stick well and he has to use medical tape to secure them. He continues to take up to 4 tablets of Oxycodone per day, and continues to take both Gabapentin and Lyrica which he related helped with neuropathy, and sleep. He indicated he is able to walk about 30 minutes with medications and without them, he would only be able to walk a few steps. He rated his pain 8 out of 10, and related that his right leg pain was improved with the use of Gabapentin. No aberrant behaviors or side effects were reported. There is notation of an updated opiate agreement signed (2-16-2015). Physical findings revealed were a supple neck, breathing normal, cognitive function normal. Diagnostic testing: magnetic resonance imaging of the lumbar spine (4-11-2000, 5-21-2002), lumbar spine x-rays (5-14-2002), CURES (2-16-2015) was indicated to be appropriate, urine drug screen (4-21-2015) was reported as appropriate. The treatment to date has included:

medications including Oxycodone and Lyrica since at least January 2015 possibly longer, chiropractic care, left shoulder surgery (7-25-2000), physical therapy, and water therapy. The request for authorization is for 2 (two) prescriptions of Oxycodone 5mg #150, one prescription of Lyrica 150mg #90 with one refill, and one urine toxicology. The UR report dated 8-20-2015 provided modified certification of one prescription for Oxycodone 5mg #150; certification of one prescription for Gabapentin 800mg #90 with one refill; modified certification of one prescription for Lyrica 150mg #68 with zero refills; certification of one prescription of Trazodone 100mg #60 with one refill; and non-certification of one urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Oxycodone 5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. Furthermore, there is no documentation of efficacy or functional improvement with the use of Oxycodone. Therefore, the long-term use of Oxycodone 5mg # 150 is not medically necessary.

1 prescription of Lyrica 150mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to MTUS guidelines, "Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain". There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, the patient was prescribed Gabapentin and there is no documentation of side effects or failure of Gabapentin. Therefore, the request for Lyrica 150mg # 90 with 1 refill is not medically necessary.

1 urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Opioids tools for risk stratification & monitoring (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. The patient's recent UDS, collected on April 21, 2015 was consistent with his prescribed medications. Therefore, the request for urine drug screen is not medically necessary.