

Case Number:	CM15-0184440		
Date Assigned:	09/24/2015	Date of Injury:	07/20/2010
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/18/2015

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 58 year old female, who sustained an industrial injury on 7-20-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine herniated nucleus pulposus (HNP). On 7-14-2015, the injured worker reported constant low back pain. The handwritten Primary Treating Physician's report dated 7-14-2015, noted the injured worker with lumbar spasms, positive straight leg raise on the right, decreased range of motion (ROM) and decreased loss of bladder control. Portions of the report were difficult to read. The treatment plan was noted to include medications including Oxycontin, Percocet, and Ambien. The injured worker was instructed to remain off work. On May 5, 2015, the injured worker was noted to complain of pain in her low back that radiated to the bilateral lower extremities, undergoing work up for repeat lumbar surgery. The injured worker was noted to have received a lumbar epidural steroid injection (ESI), and was unable to take non-steroid anti-inflammatory drugs (NSAIDs) with current medications of Oxycontin, Norco, Lyrica, and Ambien. The treatment plan was noted to include increasing the Lyrica to three times a day from two times a day, and weaning the Oxycontin to three times a day from four times a day. The Primary Treating Physician's request for authorization requested Percocet 10mg #60, Lyrica 100mg #90, and Ambien 10mg #30. The Utilization Review (UR) dated 9-4-2015, non-certified the requests for Percocet 10mg #60, Lyrica 100mg #90, and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #60: 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, criteria for use.

Decision rationale: The records indicate the patient has chronic low back pain. The current request for consideration is Percocet 10mg #60. The attending physician offers no discussion for the request. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. The available medical records do not establish medical necessity for the request. Therefore, the request is not medically necessary.

Lyrica 100mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The records indicate the patient has chronic low back pain. The current request for consideration is for Lyrica 100mg #90. The CA MTUS has this to say: Recommended for neuropathic pain (pain due to nerve damage), but not for acute nociceptive pain (including somatic pain). Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). In this case, the patient complains of low back pain that radiates to the bilateral lower extremities. On physical exam, the patient exhibited a positive straight leg raise. Lyrica is indicated for neuropathic pain, which the patient demonstrates objective and subjective signs to support the physician's documentation of neuropathic pain. The current request is medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The records indicate the patient has chronic low back pain. The current request for consideration is for Ambien 10mg #30. The treating physician offers no discussion for this medication. The MTUS has this to say regarding benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this case, benzodiazepines are approved for short-term usually up to 4 weeks. The records indicate the patient has been using this medication for longer than 4 weeks. The current request is not supported by the MTUS guidelines and the request is not medically necessary.