

Case Number:	CM15-0192824		
Date Assigned:	10/06/2015	Date of Injury:	09/12/2011
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 12, 2011. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Lyrica and oxycodone. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 2, 2015 office visit, the applicant reported 9/10 pain without medications versus 4/10 pain with medications. The applicant was not working at age 32, it was reported. The applicant was reportedly on oxycodone, Elavil, and Lyrica for pain relief, it was reported. The attending provider stated that the applicant's medications were facilitating performance of activities of daily living, but did not elaborate further. The attending provider acknowledged, however, that applicant's pain complaints were interfering with all activities of daily living and day-to-day functioning. Oxycodone and Lyrica were ultimately renewed while the applicant was seemingly kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75 mg, #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Pregabalin (Lyrica).

Decision rationale: No, the request for Lyrica, anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Lyrica is FDA approved in the treatment of postherpetic neuralgia and/or diabetic neuropathic pain and, by analogy, can be employed for neuropathic pain complaints in general, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, the applicant remained off of work, it was reported on September 2, 2015 despite ongoing usage of Lyrica. Ongoing usage of Lyrica failed to curtail the applicant's dependence on opioid agents such as oxycodone. The attending provider acknowledged that the applicant's day to day functions were significantly impacted, despite ongoing usage of Lyrica. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 97972.20e despite ongoing usage of the same. Therefore, the request was not medically necessary.

Oxycodone IR 30 mg, #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

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

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was reported on September 2, 2015. While the treating provider outlined reduction in pain scores from 9/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to meaningful, material, and/or substantive improvements in function (if any) effected as a result of the ongoing oxycodone usage. Therefore, the request was not medically necessary.