

Case Number:	CM15-0196350		
Date Assigned:	10/12/2015	Date of Injury:	03/05/1997
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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, 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:

This is a 60 year old female patient, who sustained an industrial injury on 3-5-1997. The diagnoses include cervicgia, brachial neuritis or radiculitis, carpal tunnel syndrome, and injury to ulnar nerve. According to the progress report dated 9-15-2015, the patient presented for a recheck of her neck and back. She noted no change in her neck pain and upper extremity paresthesia. The physical examination revealed the cervical spine- moderate palpable paraspinous spasm, restricted range of motion, and positive Spurling's maneuver; decreased right shoulder abduction at 90 degrees, positive painful impingement maneuver; lumbar spine- decreased range of motion and positive straight leg raising test on the right side. The current medications are HCTZ, Aspirin, Naprosyn, Lyrica 100mg and 300 mg (since 4-21-2015), Methocarbamol, and Oxycodone (since 4-21-2015). With Lyrica, the treating physician stated that "she continues to note marked improvement in her radicular symptoms". Previous diagnostic studies were not indicated. Her past surgical history includes hysterectomy, right breast lumpectomy and cesarean section. She has had a urine drug screen in 7/2015 with consistent findings. Treatments to date include medication management. Work status is described as permanent and stationary. The original utilization review (9-28-2015) partially approved a request for Lyrica 100mg #15 with no refills (original request was for #30 with 2 refills), Lyrica 300mg #15 with no refills (original request was for #30 with 2 refills), and Oxycodone #15 (original request was for #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg, 1 capsule every night at bedtime, #30 with 2 refills: Overturned

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

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

Decision rationale: Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines, anti-epilepsy drugs are "recommended for neuropathic pain" (pain due to nerve damage). Per the records provided the patient has diagnoses of cervicalgia, brachial neuritis or radiculitis, carpal tunnel syndrome, and injury to ulnar nerve. The patient has chronic neck pain with upper extremity paresthesia. The patient has objective findings on the physical examination- the cervical spine- moderate palpable paraspinous spasm, restricted range of motion, and positive Spurling's maneuver; lumbar spine- decreased range of motion and positive straight leg raise test on the right side. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 100mg, 1 capsule every night at bedtime, #30 with 2 refills is medically necessary and appropriate for this patient.

Lyrica 300mg, 1 capsule every night at bedtime, #30 with 2 refills: Overturned

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

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

Decision rationale: Lyrica is an anti-epilepsy medication. According to MTUS chronic pain guidelines, anti-epilepsy drugs are "recommended for neuropathic pain" (pain due to nerve damage). Per the records provided the patient has diagnoses of cervicalgia, brachial neuritis or radiculitis, carpal tunnel syndrome, and injury to ulnar nerve. The patient has chronic neck pain with upper extremity paresthesia. The patient has objective findings on the physical examination- the cervical spine- moderate palpable paraspinous spasm, restricted range of motion, and positive Spurling's maneuver; lumbar spine- decreased range of motion and positive straight leg raising test on the right side. Lyrica is medically appropriate and necessary in such a clinical situation. The request of Lyrica 300mg, 1 capsule every night at bedtime, #30 with 2 refills is medically necessary and appropriate for this patient.

Oxycodone 10/300mg, 1 tablet 3 times per day as needed, #30: Overturned

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

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

Decision rationale: Oxycodone is an opioid analgesic. According to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects....." Per the records provided patient had chronic neck and low back pain with upper extremity paresthesia. The patient has objective findings on the physical examination- the cervical spine- moderate palpable paraspinal spasm, restricted range of motion, and positive Spurling's maneuver; lumbar spine- decreased range of motion and positive straight leg raising test on the right side. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Patient has also tried non-opioid medications including lyrica and naprosyn. She has had a urine drug screen in 7/2015 with consistent findings. She was prescribed oxycodone in a small quantity for prn use. The request for Oxycodone 10/300mg, 1 tablet 3 times per day as needed, #30 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.