

Case Number:	CM15-0196754		
Date Assigned:	10/12/2015	Date of Injury:	04/25/2000
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
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: Arizona, 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:

The injured worker is a 67 year old male, who sustained an industrial injury on 4-25-00. The injured worker is diagnosed with lumbosacral spondylosis and lumbar radiculopathy. His work status is disabled. Notes dated 5-18-15 - 8-24-15 reveals the injured worker presented with complaints of bilateral low back pain that radiates down his bilateral lower extremities. The pain is described as aching, burning, tingling and numbness and is improved by heat, ice, medications and lying down and worsened by climbing stairs and walking. Physical examinations dated 5-18-15 - 8-24-15 revealed abnormal and painful lumbar spine range of motion. He has a positive supine straight leg raise on the right. There is tenderness to palpation over the bilateral lumbar paraspinals and lumbar facet joints. His medication regimen has included; Norco (discontinued in 4-2015), Percocet (6 months) and Lyrica (minimum of 8 months), which reduce his pain from 7 out of 10 to 5 out of 10, per note dated 8-24-15. The injured worker has engaged in physical therapy, had epidural steroid injections and surgical intervention; however, the therapeutic response was not included. Diagnostic studies to date have included lumbar spine x-ray, lumbar MRI, electrodiagnostic studies. A request for authorization dated 8-31-15 Percocet 10-325 mg #120 is modified to #15 and Lyrica 150 mg #60 is non-certified, per Utilization Review letter dated 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco then Percocet for several months in combination with anti-epileptics and anti-depressants. Pain score reduction was only 2 points and the amount attributed to Percocet is unknown. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

Lyrica 150mg #60: Upheld

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

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

Decision rationale: According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnosis. The claimant had been on Lyrica along with other analgesics. Pain score reduction with use of opioids and Lyrica was only 2 points. There is no indication for continued use and the Lyrica is not medically necessary.