

Case Number:	CM15-0023969		
Date Assigned:	02/13/2015	Date of Injury:	11/17/2000
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male who reported an injury on 11/07/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, and an epidural steroid injection. The injured worker was evaluated on 11/27/2015. The injured worker's medications were noted to be Percocet 10/325 mg and Lyrica. The injured worker's diagnoses included lumbar degenerative disc disease, postlaminectomy syndrome, lumbago, and chronic pain syndrome. The injured worker was monitored for aberrant behavior with urine drug screens. It was noted at that appointment that the injured worker had a reduction of pain from 30% to 50% by medications and was able to perform activities of daily living such as walking with medication usage. The physical exam findings included tenderness to palpation of the lumbosacral spine with a positive straight leg raising test bilaterally and 5/5 motor strength in all major muscle groups. The injured worker's treatment plan included continuation of medications and a home exercise program as tolerated. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Page(s): 78.

Decision rationale: The requested Percocet 10/325 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing opioid usage be supported by documented functional benefit, an assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has a reduction in pain due to medication usage and is able to participate in activities of daily living. It is noted within the documentation that the injured worker has been on this medication since at least 03/2013. Therefore, ongoing use of this medication would be indicated in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Percocet 10/325 mg #60 is not medically necessary or appropriate.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The requested Lyrica 100 mg #90 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends anticonvulsants as first line medications in the management of chronic pain. Continued use should be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 08/2013. It is noted that the injured worker has 30% to 50% pain relief and is able to participate in activities of daily living such as walking due to medication usage. Therefore, ongoing use of this medication would be supported in this clinical situation. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Lyrica 100 mg #90 is not medically necessary or appropriate.