

Case Number:	CM15-0216315		
Date Assigned:	11/06/2015	Date of Injury:	08/20/2005
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/03/2015

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:

This is a 49 year old male who sustained an industrial injury on 8-20-2005. A review of the medical records indicates that the injured worker is undergoing treatment for arthropathy of pelvis, chronic pain due to trauma, lumbar spondylosis, lumbar radiculopathy, lumbar degenerative disc disease, cervical spondylosis without myelopathy, cervical disc displacement without myelopathy, degeneration of cervical intervertebral disc and brachial neuritis not otherwise specified. According to the progress report dated 10-13-2015, the injured worker complained of left hip, low back, left leg and neck pain. He rated his pain as 2-3 out of 10 with medication and 7-9 out of 10 without medication. Objective findings (10-13-2015) revealed lumbar spine range of motion restricted by pain. There was left sacroiliac tenderness. Treatment has included chiropractic treatment, physical therapy, lumbar epidural steroid injection, left greater trochanteric bursa injection, transcutaneous electrical nerve stimulation (TENS) and medications. Current medications (10-13-2015) included Ranitidine, Piroxicam, Vesicare, Oxycontin, Lyrica, Amitiza, Ibuprofen and Soma. The injured worker has been prescribed Lyrica and Oxycontin since at least 1-2013. The original Utilization Review (UR) (10-29-2015) modified a request for Oxycontin 40mg from quantity 30 to quantity 18, modified a request for Lyrica from quantity 90 to quantity 45 and denied a request for Oxycontin 60mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Oxycontin 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 Oxycontin for several months in a combined dose that exceeds 120 mg equivalent of Morphine. There was no mention of Tylenol, Tricyclic or weaning failure. Its combined use with Soma increases addiction potentials and a heroine like effect. The continued use of Oxycontin 40 mg is not medically necessary.

Oxycontin 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: According to the MTUS guidelines, Oxycontin 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 Oxycontin for several months in a combined dose that exceeds 120 mg equivalent of Morphine. There was no mention of Tylenol, Tricyclic or weaning failure. Its combined use with Soma increases addiction potentials and a heroine like effect. The continued use of Oxycontin 60 mg is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Pregabalin (Lyrica).

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 for several months. There is no indication for continued use and the Lyrica is not medically necessary.