

Case Number:	CM15-0032709		
Date Assigned:	02/26/2015	Date of Injury:	08/20/2005
Decision Date:	04/09/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 49 year old male, who sustained an industrial injury on 8/20/05. He has reported left hip, shoulders, left leg, pelvis, neck/back, groin, arms and buttocks were injured when his forklift malfunctioned and pinned him against a bin. The diagnoses have included lumbar back pain, arthropathy of pelvis, and chronic pain due to trauma, spondylosis, lumbar degenerative disc disease (DDD), and lumbar radiculopathy. Treatment to date has included medications, surgery, Epidural Steroid Injection (ESI), Transcutaneous Electrical Nerve Stimulation (TENS) and physical therapy. Surgery as included hip surgery 2005, left leg surgery 1998 and left joint injection June 2008. Currently, per follow up consultation dated 2/3/15 the injured worker complains of left hip, low back, left leg and neck pain. On 1/13/15 he was evaluated and prescribed Oxycontin, Lyrica and Soma for his chronic pelvic and back pain with moderate pain reduction and no side effects. He is taking the medications as prescribed and continues with pain. The pain is in the low back and right hip and is constant, shooting, sharp and hot-burning. The pain is rated 8/10 and worsens with activity and motions and made better by nothing. He also has difficulty sleeping and the blues. Magnetic Resonance Imaging (MRI) of the cervical spine dated 10/24/13 revealed disc protrusion, osteophyte complex, and neural foraminal narrowing. The X-ray of the left and right wrists dated 5/27/14 revealed subchondral cystic changes. Physical exam revealed restricted rotation in the lumbar spine, with pain. There was left sacroiliac joint tenderness and positive Faber and Gaenslen signs. The current medications included Rantidine, Piroxicam, Vesicare, Oxycontin, Lyrica, Amatiza, Ibuprofen and Soma. On 2/20/15 Utilization Review non-certified a request for Oxycontin 60mg #60 and

Lyrica 100mg #90, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain opioids pages 80-86 and (MTUS) Medical Treatment Utilization Schedule chronic pain pages 19-20 and 99 were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving oxycontin since at least February 2009. and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 19-20.

Decision rationale: Lyrica is pregabalin, an anti-epilepsy drug. It is has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin has been associated with many side effects including edema, CNS depression, weight gain, and blurred vision. Somnolence and dizziness have been reported to be the most common side effects related to tolerability. It is recommended in neuropathic pain conditions and fibromyalgia. In this case, the patient is experiencing neuropathic pain. However, the claim does not specify the dosage, frequency, and number of doses requested and cannot be recommended. In this case the patient has been receiving Lyrica since at least May 2010 with minimal analgesic effect. Because the

use of lyrica has not been effective, it should be discontinued. The request should not be authorized.