

Case Number:	CM15-0081086		
Date Assigned:	05/01/2015	Date of Injury:	12/01/2006
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina, Georgia

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 45-year-old male who sustained a work related injury December 1, 2006. While carrying heavy boxes, he twisted his neck and lower back. Past history included cervical fusion C5-C7, 2012 and right wrist surgery, 2011. According to a physical medicine and rehabilitation consultation, dated February 12, 2015, the injured worker presented with worsening pain in the neck, rated 9/10, with radiating symptoms in the upper extremities. He also complains of daylong frontal headaches, rated 8/10, and low back pain, rated 8/10, with radiation to both lower extremities, worse on the left side and the foot. With medications, the pain is rated 4/10 and he is able to leave the house, walk the dog for approximately a 1/2 mile, and clean. Diagnoses included chronic neck pain with history of cervical fusion; updated MRI reveals small disc protrusion at C3-C4 and chronic low back pain, bilateral extremity pain with 2014 MRI showing extruded disk, left side at L5-S1. Treatment plan included medications going back to 5 Norco/ day, Oxycontin 3 /day and Lyrica, spine consultation and increase activities. On March 12, 2015, he was seen by psychiatry, for his regular follow-up. Assessment documented as major depressive disorder, recurrent and continued on Prozac and Ambien. An addendum report from physical medicine and rehabilitation physician, dated March 12, 2015, reveals the physician telling the injured worker he needs to find another physician. After being seen on February 12, 2015, and prescribed medication; Oxycontin and Norco, he went to another physician on February 23, 2015, and was prescribed Norco, which was a direct violation of the pain management agreement. He did write another prescription for a month for Oxycontin, Lyrica

and Norco as it may take a while to find another physician. At issue, is the request for Lyrica, Norco and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90 x 1 refill on 4/10/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates that the claimant was dismissed by his physician for violation of his narcotic agreement, namely getting narcotic prescriptions from a second provider. Therefore, the record does not support medical necessity of ongoing opioid therapy with Oxycontin.

Norco 10/325mg #150 x 1 refill on 4/10/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case indicates that the claimant was dismissed by his physician for violation of his narcotic agreement, namely getting narcotic prescriptions from a second provider. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.

Lyrica 100mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 16-20.

Decision rationale: CA MTUS states that there is insufficient evidence to argue for or against use of antiepileptic drugs in low back pain. Antiepileptic drugs are used first line for neuropathic pain. Lyrica 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. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. There is no clear trial period but a week is considered to be a reasonable time to assess efficacy. The medical record in this case indicates that the claimant was dismissed by his physician for violation of his narcotic agreement, namely getting narcotic prescriptions from a second provider. Ongoing use of Lyrica, a scheduled medication, is not medically indicated.