

Case Number:	CM15-0085051		
Date Assigned:	05/07/2015	Date of Injury:	01/02/1996
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/04/2015

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 68 year old female, who sustained an industrial injury on 1/2/1996. Diagnoses have included lumbar radiculitis, lumbar facet arthritis and spondylosis, lumbar severe central canal stenosis, multilevel disc protrusion and lumbar myofascial spasms. Treatment to date has included physical therapy, a home exercise program and medication. According to the progress report dated 3/18/2015, the injured worker complained of back pain that varied depending on her activity level. She reported mild weakness in the lower extremities and some occasional numbness and tingling. She stated that she had been diagnosed as having two transient ischemic attacks (TIA) since the last visit. Physical exam revealed limited range of motion of the lumbar spine. There was tenderness to palpation around L4 down to L5 and myofascial spasms. There was positive straight leg raise test in both extremities with diminished Achilles deep tendon reflexes. Authorization was requested for Lyrica, Mobic and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100 MG #60 with 1 Refill: Upheld

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

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 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. In this case the patient has been taking Lyrica since at least March 2014. There is no documentation of improvement with prior use. Risk of adverse effects is increased with minimal benefit. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Mobic 15 MG #90 with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 61, 67-68.

Decision rationale: Mobic is meloxicam, a nonsteroidal anti-inflammatory drug (NSAID). It is used for the relief of the signs and symptoms of osteoarthritis. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least March 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

OxyContin 10 MG #90 with No Refill: Upheld

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

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

Decision rationale: Oxycontin is an extended release preparation of the opioid oxycodone. 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 opioid medication since at least March 2014 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. Therefore, the requested treatment is not medically necessary.