

Case Number:	CM13-0009018		
Date Assigned:	10/11/2013	Date of Injury:	12/22/2008
Decision Date:	01/15/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who reported an injury on 12/22/08. Her symptoms include low back pain, bilateral hip pain, neck pain, and upper back pain, and her diagnoses include degenerative disc disease of the lumbar spine, post-laminectomy syndrome of the lumbar spine, degenerative disc disease of the cervical spine, and upper back pain. The physical exam findings included reduced range of motion of the lumbar spine and tenderness to palpation in the midline of the lower lumbar spine, over the right sacroiliac joint, in the midline of the upper and mid levels of the thoracic spine, and in the midline of the cervical spine. Motor and sensory functions were noted to be normal. Straight leg raise testing was positive bilaterally. The patient's medications were listed as Percocet 10/325 mg every eight hours; Lyrica 50 mg, one in the morning and two at bedtime; Lidoderm patches 5%, applying three patches to areas of pain for 12 hours every 24 hours; and Omeprazole 20 mg daily. It was also noted that the patient was encouraged to continue performing stretching and strengthening exercises in order to maintain her strength and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Percocet 10/325 mg between 6/18/13 and 8/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was noted to have low back pain, bilateral hip pain, neck pain, and upper back pain. At her 06/18/13 visit, it was noted that that Norco was not providing sufficient relief and the patient was requesting a change to Percocet. California MTUS Guidelines state that for the ongoing management of patients who are taking opioid medications, detailed documentation of pain relief, functional status, appropriate medication use and side effects is required. It also states that pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Additional documentation required by guidelines includes the "4 A's" for ongoing monitoring which includes analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review fails to provide the detailed documentation for ongoing management of opioid medications. With this lack of documentation as required by the guidelines, the medication is not supported.

One prescription for Lyrica 50 mg between 6/18/13 and 8/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17, 99.

Decision rationale: California MTUS Guidelines state that Lyrica has been documented to be FDA approved and effective for the treatment of diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The California Guidelines also state that anti-epilepsy drugs are recommended for neuropathic pain; however, there are few studies directed at central pain, and none for painful radiculopathy. Additionally, a recent review has indicated that there is insufficient evidence to recommend/not recommend antiepileptic drugs for axial low back pain. As the patient has not been shown to have diagnoses of diabetic neuropathy, postherpetic neuralgia, or fibromyalgia, the use of pregabalin (Lyrica) is not supported.

One prescription for Lidoderm patches 5% between 6/18/13 and 8/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: California MTUS Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include a tricyclic or SNRI antidepressant, or an anti-epilepsy drug. Topical lidocaine is not a first line treatment and is only FDA approved for postherpetic neuralgia. It further states

that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. As the patient has not been shown to have a diagnosis of postherpetic neuralgia, this medication is not supported.

One prescription for Omeprazole 20 mg between 6/18/13 and 8/26/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: California MTUS Guidelines recommend a proton pump inhibitor for patients who may be at risk for gastrointestinal or cardiovascular events, and are taking nonsteroidal anti-inflammatory drugs. There is no documentation of the use of a nonsteroidal anti-inflammatory drug or risk for gastrointestinal or cardiovascular events for this patient; therefore, the use of a proton pump inhibitor is not supported.