

<b>Case Number:</b>	CM14-0142965		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/16/2006
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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/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 injured worker is a 30-year-old female who sustained an injury due to unknown mechanism. On 7/23/14 she complained of worsened low back pain radiating to her right buttock and "new numbness of her bilateral lower extremities." Pain was rated 7/10 and was exacerbated by prolonged sitting and standing, lifting, twisting back, driving and lying down. She ran out of Methadone and Percocet. Exam revealed tenderness to palpation of the lumbar paraspinal overlying the right L4-L5 and right L5-S1 facet joints and of the right SI joint sulcus. ROM of bilateral lower extremities and lumbar region were restricted by pain. Lumbar extension was worse than flexion with decreased sensation in the bilateral lower extremities. Most recent MRI on 12/18/13 revealed mild lower lumbar spine degenerative changes with mild right L4-5 foraminal stenosis. She had hemilaminectomy and microdiscectomy of right and redone of the same surgery, right selective nerve root block, epidural injection and on 7/10/14 medial branch blocks. Current medications include Lyrica, tizanidine, Valium, methadone and Percocet. Treatments to date included physical therapy and medications. There is a history of substance abuse. Diagnoses: Right lumbar facet joint pain/arthropathy, right sacroiliac joint pain, right L4-L5 laminectomy, lumbar strain/sprain, and mild right foraminal stenosis/protrusion. The request for Methadone 10mg 1-2 Tabs three times par day #120 With 0 Refills X 2 , Lyrica 200mg Bid #60 With 2 Refills and Percocet 10/325mg Once a day #30 With 0 Refills was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg 1-2 #120 With 0 Refills X 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**Decision rationale:** As per CA MTUS guidelines, Methadone is recommended for moderate to severe pain. Further guidelines, "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is a history of substance abuse. However, there is no documentation of controlled substance monitoring with urine drug screening. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with continuous use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Methadone has not been established based on guidelines and lack of documentation.

**Lyrica 200mg Bid #60 With 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19.

**Decision rationale:** As per CA MTUS guidelines, 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. It is also FDA approved for treatment for generalized anxiety disorder and social anxiety disorder. There is no documentation that the patient has been diagnosed with any of the above conditions. Any other use is considered off label and not approved such as in radiculopathy. Thus, the medical necessity has not been established per guidelines and the request is not medically necessary.

**Percocet 10/325mg #30 With 0 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-92.

**Decision rationale:** According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short- acting Opioid is recommended for breakthrough pain under certain

criteria. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." There is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Therefore, the medical necessity for Percocet has not been established based on guidelines and lack of documentation.