

Case Number:	CM14-0091642		
Date Assigned:	07/25/2014	Date of Injury:	08/31/2009
Decision Date:	09/12/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury August 31, 2009. Subsequently, he developed right leg and foot pain. A progress report dated April 9, 2014 documented that the patient have right lower extremity pain unchanged since 2010. The patient reports the pain is located in the right lower extremity below the knee. The patient has intermittent numbness in the plantar aspect of the foot. He also experiences pins/needles down into the dorsum of his right foot. His pain medications gave some help. However, he did not respond to TENS and physical therapy. He had a trial of spinal stimulation in March 2013. He had 20% improvement in pain. His physical examination revealed right lower extremity skin atrophy which was painful to touch. There was swelling of the right foot with very weak dorsiflexion. The rest of his neurological examination was not focal. The patient used Lyrica for his neuropathic pain with improvement. He also utilizes Oxycodone 5 mg tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg. capsule # 180 Refills: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: MTUS Guidelines states, Lyrica is an Anti-Epilepsy Drug (AEDs-known as Anti-Convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient. There is preservation of sensory and motor function in the patient physical examination and his reflexes were normal and this against the diagnosis of large fibers neuropathy. There is no documentation that the patient is suffering from diabetic neuropathy or post herpetic neuralgia. Therefore, Lyrica 50 mg is not medically necessary.

Oxycodone # 190, Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: MTUS Guidelines states, Oxycodone as well as other short acting Opioids are indicated for intermittent or breakthrough pain. It can be used in acute post-operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS Guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no clear documentation of functional improvement with previous use of the Oxycodone. There is no recent documentation of adequate monitoring for compliance/side effects with previous use of Narcotics. Therefore, the prescription of Oxycodone 5 mg is not medically necessary.