

<b>Case Number:</b>	CM14-0218585		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	07/10/1995
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old male who suffered an unknown work related injury on 07/10/95. Per the physician's note from 12/10/14, he reports his pain is along the lower back with radiation into the left leg. His pain fluctuates depending on type of activity and activity level. He also complains of abnormal gait, back pain, muscle spasms, and weakness. He reports improved function and increased activity levels due to his medication. Pain without medications is noted at 7/10; with medications is 4/10. Diagnoses include lumbar or lumbosacral disc degeneration, lumbago, and neuralgia, neuritis, and radiculitis. The treatment plan includes a urine drug test, Amitriptyline, Percocet, Naproxen, and Lyrica. The Percocet and Lyrica were denied by the Claims Administrator on 12/23/14 and were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10-325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with pain and weakness in his lower back and left leg. The request is for PERCOCET 10/325mg #90. The patient is currently taking Naproxen, Lyric and Percocet. The patient has been utilizing Percocet since at least 06/10/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater addressed urine drug screening reports, CURES, and an opiate agreement for opiate management. The treater provided specific ADL's and before/ after pain scales showing significant functional improvement with analgesia. The patient is tolerating medications without significant side effects. All four A's appear to be documented as required by MTUS. However, the utilization review letter 12/23/14 modified the request of Percocet #90 to #45, stating "the patient has reported been pending detoxification for 6 months, which was certified in a prior utilization review." Certification is recommended for a modified amount to prevent abrupt cessation. The request for Percocet #90 at this time IS NOT medically necessary and should be slowly tapered per MTUS.

**Lyrica 75mg Capsule #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antiepilepsy drugs Page(s): 16-20.

**Decision rationale:** The patient presents with pain and weakness in his lower back and left leg. The request is for LYRICA 75mg CAPSULE #60. The patient is currently taking Naproxen, Lyric and Percocet. The patient has been utilizing Lyrica since at least 06/10/14. MTUS guidelines page 19-20 have the following regarding Lyrica: "Pregabalin --Lyrica, no generic available - 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 further states "Weaning: Do not discontinue pregabalin abruptly and weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation." In this case, the utilization review letter 12/23/14 modified the request of Lyrica #60 to #30, stating "there is no documentation of peripheral neuropathic pain due to post-herpetic neuralgia or diabetic neuropathy. MTUS guidelines do not support treatment with this medication in the management of axial back pain or radicular pain." Certification is provided for a modified amount to prevent abrupt cessation. However, this patient does present with chronic pain along with radicular symptoms into the leg, a neuropathic condition. The treater indicates that this medication continues to help. The request IS medically necessary.

