

Case Number:	CM15-0010136		
Date Assigned:	01/27/2015	Date of Injury:	07/10/1995
Decision Date:	03/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55- year old male, who sustained an industrial injury on July 10, 1995. The diagnoses have included lumbago, pain in joint, lumbosacral disc degeneration, neuralgia, neuritis, radiculitis, depressive disorder, lumbar facet syndrome, thoracic/lumbosacral neuritis and moderate to severe mild bilateral foraminal narrowing at the L3-L4 and L4-L5. Treatment to date has included pain medication, an orthopedic consultation, physical therapy, home exercise program and routine follow-up. Currently, the IW complains of lower back pain with radiation into the left leg. Pain was reported to fluctuate depending on type of activity. Pain was reported as constant, piercing and sharp. The worker also complains of abnormal gait, muscle spasms, myalgia, numbness, tingling and weakness. Currently the worker was out of work due to his condition. On January 4, 2015, the Utilization Review decision non-certified a request for Naproxen 550mg, 30 count, Percocet 10/325mg, count 90 and Lyrica 75mg, count 60. The decision documented that there was no specific documentation of significant and progressive improvement reported for continuation of Lyrica. The Percocet was modified to approve a count of 60 for weaning of the medication because the worker had been on this medication long-term and the documentation did not reflect weaning to adjust to the lowest dosage possible. The Naproxen was non-covered because the worker had been on this medication long-term and the guidelines do not allow for long-term usage without evidence of progressive functional improvement. The MTUS, Chronic Pain Medical Treatment Guidelines was cited. In January 16, 2015, the injured worker submitted an application for IMR for review of Naproxen 550mg, 30 count, Percocet 10/325mg, count 90 and Lyrica 75mg, count 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #60: Upheld

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 Antiepileptic medications Page(s): 16-22.

Decision rationale: Lyrica 75mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that 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. The MTUS also states that antiepileptic medications can be used for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of these medications depends on improved outcomes versus tolerability of adverse effects. The documentation does not indicate evidence of significant functional improvement. There is no evidence that the patient has returned to work. Without clear evidence of efficacy from this medication the request for further use is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.

Percocet 10/325mg #90: 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 Ongoing management Page(s): 78-80.

Decision rationale: Percocet 10/325mg #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or return to work therefore the request for Percocet is not medically necessary.