

Case Number:	CM15-0113663		
Date Assigned:	06/22/2015	Date of Injury:	01/28/2008
Decision Date:	10/06/2015	UR Denial Date:	05/17/2015
Priority:	Standard	Application Received:	06/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 36-year-old female, who sustained an industrial injury on 1/28/08. The injured worker was diagnosed as having chronic musculoligamentous strain/sprain of the lumbosacral spine with left greater than right lower extremity radiculitis secondary to degenerative disc disease at L2-3 and L3-4, depression, gastrointestinal distress, and opioid dependent pain syndrome. Treatment to date has included circumferential fusion at L4-5 and L5-S1, laminectomies, discectomies, physical therapy, and medication. The injured worker had been taking Lyrica, Ativan, Lidoderm patches, Oxycontin, and Norco since at least 11/24/14. Currently, the injured worker complains of right sided greater than left low back pain, numbness, and tingling. The treating physician requested authorization for Lyrica 75mg, Ativan 1mg, Lidoderm 5% patch, Oxycontin 20mg, Oxycontin 15mg, Norco 10/325mg #30, and Oxycodone 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg: 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 AED (anti-epilepsy drug) Page(s): 19-20.

Decision rationale: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is diagnosed with at least one of the above indications. The original request did not include the quantity or frequency of this medication so the first reviewer modified it to a quantity of 30 and approved the modified amount. Lyrica 75mg with no indicated quantity or duration is not medically necessary.

Ativan 1mg: 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 Benzodiazepine Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking lorazepam for an extended period of time. The original request did not include the quantity or frequency of this medication so the first reviewer modified it to a quantity of 30 and approved the modified amount. Ativan 1mg with no indicated quantity or duration is not medically necessary.

Lidoderm 5% patch: 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 AED (anti-epilepsy drug), (tri-cyclic or SNRI anti-depressants) Page(s): 56.

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. The original request did not include the quantity or frequency of this medication so the first reviewer modified it to a quantity of 10 and approved the modified amount. Lidoderm 5% patch with no indicated quantity or duration is not medically necessary.

Oxycontin 20mg: 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 Opioids Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The original request did not include the quantity or frequency of this medication so the first reviewer modified it to a quantity of 30 and approved the modified amount. Oxycotin 20mg with no indicated quantity or duration is not medically necessary.

Oxycodone 15mg: 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 Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The original request did not include the quantity or frequency of this medication so the first reviewer modified it to a quantity of 30 and approved the modified amount. Oxycodone 15mg with no indicated quantity or duration is not medically necessary.

Norco 10/325mg #30: Overturned

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 Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient has significant functional improvement in symptoms from failed back surgery. The clinical information submitted for review meets the evidence based guidelines for the requested service. I am reversing the previous utilization review decision. Norco 10/325mg #30 is medically necessary.

Oxycodone 30mg: 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 Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. This patient has already been approved for Oxycodone 15mg. Oxycodone 30mg is not medically necessary.