

Case Number:	CM15-0117462		
Date Assigned:	06/25/2015	Date of Injury:	03/01/2006
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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: 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 61 year old female who sustained an industrial injury on 03/01/2006. Mechanism of injury was not documented. Diagnoses include lumbar degenerative disc disease, degeneration of intervertebral disc, low back pain, and lumbosacral radiculopathy. Treatment to date has included diagnostic studies, physical therapy, and medications. Her medications include Vicodin, Xanax, Simvastatin, Prozac, Percocet, Pennsaid, Modafinil, Metformin, Lyrica, Lidoderm patch, Levothyroxine, Glipizide, Etodolac, Diclofenac, and Buprenorphine. A physician progress note dated 05/14/2015 documents the injured worker has low back pain radiating into both lower extremities, and associated with weakness and numbness. She identifies a sensation of movement within her lumbar spine. On examination she has a positive seated straight leg raise bilaterally, and reflexes were unobtainable in the knees or ankles. She has noted hyperesthesia bilaterally in the L4 and S1 dermatomes. She has had previous falls due to collapsing leg weakness, with rib fractures. Treatment requested is for Etodolac 400mg tablet 1 twice a day by mouth as needed for 30 days, #60 refills; 3, Lyrica 75mg cap 1 3 times a day #90 refills; 2, and Percocet 10/325mg tablet 1 every 4 hrs. as needed #180 refill; 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg tablet 1 every 4 hrs as needed #180 refill; 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Percocet 10/325mg tablet 1 every 4 hrs as needed #180 refill; 0 is not medically necessary and appropriate.

Etodolac 400mg tablet 1 twice a day by mouth as needed for 30 days, #60 refills; 3: 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 22.

Decision rationale: Lodine (etodolac) is a member of the pyranocarboxylic acid group of nonsteroidal anti-inflammatory drugs (NSAIDs). Lodine (etodolac capsules and tablets) is indicated for acute management of signs and symptoms of the osteoarthritis, rheumatoid arthritis, and for the management of acute pain. Prolonged use carries an increased risk of serious cardiovascular (CV) thrombotic events, myocardial infarction, and stroke, which can be fatal. Per Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Lodine's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Lodine for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Etodolac 400mg tablet 1 twice a day by mouth as needed for 30 days, #60 refills; 3 is not medically necessary or appropriate.

Lyrica 75mg cap 1 3 times a day #90 refills; 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), page 100.

Decision rationale: Pregabalin (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. This anti-epileptic medication may be helpful in the treatment of radiculopathy and would be indicated if there is documented significant benefit. It appears the medication has been prescribed for quite some time; however, there is no documented functional improvement as the patient continues with constant severe pain level. Submitted medical reports have not adequately demonstrated indication and functional benefit to continue ongoing treatment with this anti-epileptic. The Lyrica 75mg cap 1 3 times a day #90 refills; 2 is not medically necessary and appropriate.