MAXIMUS Federal Services

Case Number:	CM15-0123069		
Date Assigned:	07/08/2015	Date of Injury:	10/03/1996
Decision Date:	09/08/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 52-year-old male who sustained an industrial injury on 10/03/1996 resulting in pain/injury to the low back and neck. Treatment provided to date has included: cervical fusion at C5-6 (no date given) resulting in some benefit; lumbar laminectomy at L5-S1 (no date given) providing some temporary relief; additional L5-S1 fusion (2002) which provided some relief for about 6 years; physical therapy; acupuncture reported to not be of much help; transforaminal steroid injection at L4-5 (2014) resulting in an excellent response; lumbar epidural steroid injection which provided 2-3 weeks of relief; medications (gabapentin-failed, non-steroidal anti-inflammatory agents-failed, Gralise-failed, Vicodin-failed, tramadol-failed, and Valium-failed); and conservative therapies/care. Diagnostic tests performed include: a CT scan of the lumbar spine (2014) showing moderately severe central spinal stenosis at L4-5 secondary to a disc bulge ventrally, and facet hypertrophy and ligamentum flavum buckling dorsally; x-rays of the lumbar spine (2015) showing no obvious degeneration at the L4-5 spinal segment and no obvious fracture; and MRI of the cervical spine (2013) showing moderate disc/osteophyte complex at C3-4, C5-6 anterior fusion, L5-S1 interbody hardware, moderate diffuse disc bulge at L4-L1 with mild central canal stenosis and mild to moderate canal narrowing and moderate to severe neural foraminal narrowing bilaterally. Other noted dates of injury documented in the medical record include: 04/01/2015. There were no noted comorbidities.On 06/11/2015, physician progress report noted complaints of low back and lower extremity pain with numbness in the right foot and leg. The pain was rated 9-10/10 in severity without medications and 6-7/10 with medications. Previous pain ratings over the past 4-6 months

have fluctuated between 6-7/10 to 8/10 with medications and 10/10 without medications. The pain was reported to be worse with prolonged sitting, bending, and lifting; and alleviated with rest/lying down and medications. Current medications include Percocet for pain, and Lyrica (which was prescribed on 05/14/2015) and is reported to be providing some relief in leg pain. The physical exam revealed some tenderness over the cervical paraspinal muscles, restricted range of motion (ROM) in the cervical spine with extension and rotation, positive straight leg raise on the right, and antalgic gait. The provider noted diagnoses of neck pain, cervical spondylosis (status post C5-C6 fusion, low back pain, pseudoarthrosis at L5-S1, lumbar spinal stenosis at L4-5, lumbar radiculitis, and chronic pain syndrome. Plan of care includes continued medications, urine toxicology screening, discontinue acupuncture, and follow-up. The injured worker's work status remained permanent and stationary but working.The request for authorization and IMR (independent medical review) includes: Lyrica 75mg 1 three time daily #90 with no refills, and Percocet 10/325mg 1-2 times daily as needed #45 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 19, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Pregabalin (Lyrica) Page(s): 99, 16-21.

Decision rationale: According to California MTUS Guidelines, Anti-Epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. The MTUS states; "A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction. A lack of response of this magnitude may indicate the need for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails."In this case, the injured worker has been taking Lyrica, in addition to narcotic analgesics, for a month with no significant measurable improvement in pain or function documented with the addition of Lyrica. Without evidence of improvement, the guidelines recommend changing to a different first-line agent (TCA, SNRI or AED) or a combination of therapy. Medical necessity for Lyrica has not been established. Therefore, Lyrica 75mg 3 times per day #90 is not medically necessary.

Percocet 10mg/325 #45: Upheld

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

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

Decision rationale: Percocet (oxycodone/acetaminophen) contains a narcotic (opioid) pain reliever and is used to treat moderate to moderately severe pain. MTUS discourages long-term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 also recommends the discontinuation of oxycodone (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation.In this case, the injured worker suffered a fall in 04/2015 resulting in "increased pain" and was noted to be taking more Percocet due to this event; however, the monthly progress reports did not indicate an increase or decrease in pain. There was some mild fluctuation in pain ratings, but overall, they have remained the same since 2014. In addition, there has been no overall measurable improvement in function while taking this medication since August 2014. As such, Percocet 10/325mg #45 is not medically necessary.