

Case Number:	CM15-0128888		
Date Assigned:	07/15/2015	Date of Injury:	01/02/1996
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female, who sustained an industrial injury on 1/2/96. The injured worker was diagnosed as having lumbar multilevel facet arthritis and spondylosis, lumbar severe central canal stenosis, multilevel lumbar disc protrusion, and lumbar myofascial spasms. Treatment to date has included physical therapy, pool therapy, a home exercise program, and medication. The injured worker had been taking Vicodin, Oxycontin, and Lyrica since at least 3/18/15. Currently, the injured worker complains of intermittent low back pain with mild weakness in bilateral lower extremities with numbness and tingling. The treating physician requested authorization for Lyrica 100mg #180 with 1 refill, Vicodin ES 7.5/300mg #180, and Oxycontin 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100 mg #180 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Anti-epilepsy drugs (AEDs), (2) Medications for chronic pain Page(s): 18-19.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1996 and continues to be treated for low back pain with bilateral lower extremity numbness, tingling, and weakness. When seen, medications are referenced as helpful. There was decreased lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. Treatments have included recent physical therapy. She is trying to avoid surgery. Medications include OxyContin and Vicodin being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Anti-epilepsy drugs such as Lyrica are recommended for neuropathic pain. Initial dosing of Lyrica is 50 mg three times per day with a maximum dose of up to 600 mg per day. In this case, the requested dosing is consistent with guideline recommendations and the claimant is being treated for lower extremity neuropathic pain. Lyrica was medically necessary.

Vicodin ES 7.5/300 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1996 and continues to be treated for low back pain with bilateral lower extremity numbness, tingling, and weakness. When seen, medications are referenced as helpful. There was decreased lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. Treatments have included recent physical therapy. She is trying to avoid surgery. Medications include OxyContin and Vicodin being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. Vicodin (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Oxycontin 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1996 and continues to be treated for low back pain with bilateral lower extremity numbness,

tingling, and weakness. When seen, medications are referenced as helpful. There was decreased lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. Treatments have included recent physical therapy. She is trying to avoid surgery. Medications include OxyContin and Vicodin being prescribed at a total MED (morphine equivalent dose) of 90 mg per day. OxyContin is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.