

Case Number:	CM15-0172452		
Date Assigned:	09/21/2015	Date of Injury:	04/14/1994
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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 76 year old female, who sustained an industrial injury on 04-14-1994. She has reported subsequent neck and right upper extremity pain and was diagnosed with chronic neck pain, cervical radiculopathy, status post cervical fusion, right shoulder pain status post supraspinatus tear with repair, myofascial pain and depression. MRI of the cervical spine on 02-16-2013 showed post osseous fusion at C5-C6, C6-C7 with anterior plate and screw fixation at C6-C7, minimal posterior bulging disc and osteophytes above and below operative regions and minimal foraminal stenosis, small perineural cysts. Treatment to date has included oral and topical pain medication, cervical epidural steroid injections (CESI's), and surgery. CESI's and surgery were noted to fail to significantly relieve pain. Pain medication was noted to provide good pain relief and functional improvement. Duragesic patch and Oxycodone were prescribed at least since 2012 and Lyrica was prescribed at least since 2013. In a progress note dated 07-31- 2015, the injured worker reported increased pain and difficulty functioning because the pharmacist would only give her the 75 mcg patch and would not dispense the 12 mcg patches so she had to drop from the 100 mcg to 75 mcg patches. The injured worker reported having to use more Oxycodone in order to have decent pain control and at times would take 3 tablets of Oxycodone at one time to be able to function. The pain was rated as 7-8 out of 10 after taking extra Oxycodone compared to 4 out of 10 pain when taking the proper medications. The pain was documented as being present in the neck with radiation to the right shoulder and arm. The physician noted that in the past the injured worker reported 60% pain relief and 50% improvement in functionality with past treatment but with the new treatment plan pain control

was only 40-50% part of the time with 40% functional improvement with use of Duragesic patch. Objective examination findings were notable for significantly decreased range of motion of the cervical spine and right upper extremity, decreased motor strength of the right upper extremity, decreased sensation to pinwheel and light touch in the right upper extremity and tenderness to palpation of the neck, right shoulder muscles and midline from C4-C7. Disability status was documented as "per permanent and stationary report" but there was no permanent and stationary report submitted. A request for authorization of Lyrica 75 mg #150 with 2 refills, Duragesic 12 mcg #15 with 2 refills, Duragesic 75 mcg #15 with 2 refills and Oxycodone 5 mg #300 with 2 refills was submitted. As per utilization review on 08-17-2015, the request for Lyrica was modified to certification of Lyrica 75 mg #150 with no refills, the request for Duragesic 12 mcg was modified to certification of Duragesic 12 mcg #15 with no refills, the request for Duragesic 75 mcg was modified to certification of Duragesic 75 mcg #15 with no refills and the request for Oxycodone was modified to certification of Oxycodone 5 mg #300 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 #150 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that Lyrica is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The original reviewer approved this request but modified it to exclude all refills as the patient has a follow-up in six weeks. Lyrica 75mg #150 with 2 refills is not medically necessary.

Duragesic 12mcg #15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 claims significant functional improvement and pain relief as a result of using this medication. The original reviewer approved this request but modified it to exclude all refills as the patient has a follow-up in six weeks. Duragesic 12mcg #15 with 2 refills is not medically necessary.

Duragesic 75mcg #15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 claims significant functional improvement and pain relief as a result of using this medication. The original reviewer approved this request but modified it to exclude all refills as the patient has a follow-up in six weeks. Duragesic 75mcg #15 with 2 refills is not medically necessary.

Oxycodone 5mg #300 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 claims significant functional improvement and pain relief as a result of using this medication. The original reviewer approved this request but modified it to exclude all refills as the patient has a follow-up in six weeks. Oxycodone 5mg #300 with 2 refills is not medically necessary.