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| <b>Case Number:</b>   | CM15-0175766 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 07/01/2010 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 08/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/08/2015 |

### 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 54 year old male who sustained an industrial injury July 1, 2010. According to a treating physician's progress report dated August 20, 2015, the injured worker presented for a monthly visit and to refill medication. He underwent a left hip revision May 18, 2015, has completed 12 sessions of physical therapy and is now pending authorization for an additional 12 sessions. He reports improvement with range of motion, flexibility and function. He now complains of severe left hip pain and stiffness, rated 8-9 out of 10. The physician reports he is taking Oxycontin 2 per day and Percocet for breakthrough pain, 1 per day. Current medication also included Lyrica, Voltaren 1% gel, and Diclofenac-Misoprostol. Objective findings included; gait left antalgic; ambulates with a cane, right hand; no motor defect in legs. No further physical examination is documented. Diagnoses are post-operative left total hip replacement; post-operative right total hip replacement July 1, 2010. Treatment plan included to continue independent home exercise program, and renew and continue with medication. At issue, is the request for authorization dated August 20, 2015, for Oxycontin, Percocet, Lyrica, and Diclofenac-Misoprostol. According to utilization review dated August 25, 2015, the request for Oxycontin 40mg Quantity: 40 are non-certified. The request for Percocet 10-325mg Quantity: 90 are non-certified. The request for Lyrica 75mg Quantity: 120 are non-certified. The request for Diclofenac 75mg-Misoprostol 200mg Quantity: 60 with 3 refills are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin 40mg quantity: 60: 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 MTUS recommends OxyContin for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. OxyContin 40mg quantity: 60 is not medically necessary.

**Percocet 10/325mg quantity: 90: 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. There is no documentation that the patient fits either of these criteria. Percocet 10/325mg quantity: 90 is not medically necessary.

**Lyrica 75mg quantity: 120: 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): Pregabalin (Lyrica).

**Decision rationale:** The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, post herpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Lyrica 75mg quantity: 120 is not medically necessary.

**Diclofenac 75mg/Misoprostol 200mg quantity: 60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac 75mg/Misoprostol 200mg quantity: 60 with 3 refills is not medically necessary.