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| Case Number: | CM15-0025408 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 12/26/2009 |
| Decision Date: | 04/03/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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: Family Practice

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 32 year old female, who sustained an industrial injury on 12/26/2009. She has reported low back pain. The diagnoses have included chronic lower back pain, status post left L5 laminectomy and partial discectomy; lumbar radiculopathy, coccygodynia; and right groin pain of unknown etiology. Report dated 2/8/14 notes partial temporary improvement with Oxycodone and Lyrica. Treatment to date has included medications, lumbar epidural steroid injections, physical therapy, and surgical intervention. Medications have included Percocet, Tramadol, Lyrica, Oxycodone, Oxycontin, Restoril, and Valium. A progress report from the treating physician, dated 11/18/2013, included the injured worker complaining of unchanged constant low back pain, mainly located in the middle of the low back; and pain management helps her with function. Objective findings on this date consisted of tenderness to palpation across the lower back, but much more significant at the coccyx; and decreased lumbar spine range of motion. The treatment plan included continuation of current medication regimen; and follow-up evaluation in one month. On 01/28/2015 Utilization Review modified a prescription for Lyrica 100 mg Capsule 1 Cap Tid for 30 Days #90, to Lyrica 100 mg Capsule 1 Cap Tid for 30 Days #90, Approve 1 x fill for weaning purposes; modified a prescription for Oxycodone 15 mg Tablet 1-2 Tablets Q4h for 30 Days #220, to Oxycodone 15 mg Tablet 1-2 Tablets Q4h for 30 Days #220, Approve 1 x fill for weaning purposes; and modified a prescription for Oxycontin 15 mg Tablet Xr 1 Tablet Q12h for 30 Days #60, to Oxycontin 15 mg Tablet Xr 1 Tablet Q12h for 30 Days #60, Approve 1 x fill for weaning purposes. The CA MTUS Guidelines were cited. On 02/02/2015, the injured worker submitted an application for a prescription for Lyrica 100 mg

Capsule 1 Cap Tid for 30 Days #90; a prescription for Oxycodone 15 mg Tablet 1-2 Tablets Q4h for 30 Days #220; and a prescription for Oxycontin 15 mg Tablet Xr 1 Tablet Q12h for 30 Days #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 100mg Capsule 1 Cap Tid For 30 Days #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED)s Page(s): 16-21.

Decision rationale: According to the MTUS guidelines, anti-epileptic drugs are recommended for chronic neuropathic pain. The injured worker is reporting partial improvement with the use of this medication. Lyrica is supported as an adjuvant to address the injured worker's chronic neuropathic pain syndrome. The request for Lyrica 100mg Capsule 1 Cap Tid For 30 Days #90 is medically necessary.

Oxycodone 15mg Tablet 1-2 Tablets Q4h For 30 Days #220: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the MTUS guidelines, long term use of opioids is not recommended. Chronic use of opioids is not recommended for non-malignant pain and long term use of opioids leads to the development of habituation and tolerance. In this case, the injured worker is reporting partial minimal improvement with opioid medications, and the current morphine equivalent dosage of 172.5 exceeds the 120 morphine equivalent dosage recommended by the MTUS guidelines. It should also be noted that the injured worker is also being prescribed benzodiazepines which increase the risk of respiratory depression. Modification has been previously rendered for weaning. Therefore, the request for Oxycodone 15mg Tablet 1-2 Tablets Q4h For 30 Days #220 is not medically necessary.

Oxycontin 15mg Tablet Xr 1 Tablet Q12h For 30 Days #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Per the MTUS guidelines, long term use of opioids is not recommended. Chronic use of opioids is not recommended for non-malignant pain and long term use of opioids leads to the development of habituation and tolerance. In this case, the injured worker is reporting partial minimal improvement with opioid medications, and the current morphine equivalent dosage of 172.5 exceeds the 120 morphine equivalent dosage recommended by the MTUS guidelines. It should also be noted that the injured worker is also being prescribed benzodiazepines which increase the risk of respiratory depression. Modification has been previously rendered for weaning. Therefore, the request for Oxycontin 15mg Tablet Xr 1 Tablet Q12h For 30 Days #60 is not medically necessary.