

<b>Case Number:</b>	CM15-0090757		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	01/20/1998
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 Jersey, New York  
 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 61 year old female, who sustained an industrial injury on January 20, 1998 . She reported feeling a sharp pain in her back down her left leg and fell to the floor when bending over. The injured worker was diagnosed as having depression, anxiety, neuropathy, and neuralgia neuritis and radiculitis. Treatment to date has included x-rays, physical therapy, back surgery, MRIs, chiropractic treatments, spinal cord implant, lumbar sympathetic blocks, lumbar transforaminal epidural steroid injections (ESIs), spinal cord stimulator, and medication. Currently, the injured worker complains of low back pain, left lower extremity neuropathic pain and right shoulder pain. The Treating Physician's report dated April 28, 2015, noted the injured worker was experiencing more radicular pain in the leg weakness, with the pain level 7/10 with medications, and 9/10 without medication. The current medications were listed as Hydrocodone-Acetaminophen, Lyrica, Percocet, and Zofran. Physical examination was noted to show the injured worker with an antalgic gait, ambulating with a cane, with lumbar decreased range of motion (ROM). The treatment plan was noted to include medication prescriptions for Lyrica, Zofran, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #180 x3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

**Decision rationale:** The request is not medically necessary. The chart does not provide any recent quantifiable objective documentation of improvement in pain (e.g. decrease in pain scores) and function with the use of percocet. Urine drug screen results were mentioned in progress notes but the actual results were not available in the chart. There are no drug contracts included in the chart although mentioned by pain management progress note, or long-term goals for treatment. The 4 As of ongoing monitoring were not adequately documented. There was no evidence of objective functional gains with the use of Percocet. Therefore, the request is considered not medically necessary.

**Lyrica 200 mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 19-20.

**Decision rationale:** The request is considered not medically necessary. Lyrica is FDA approved for the treatment of diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. The patient was not diagnosed with any of these conditions. The patient was on this long-term without objective documentation of improvement in pain or functional capacity. Therefore, the request is considered not medically necessary.