

Case Number:	CM15-0093707		
Date Assigned:	05/20/2015	Date of Injury:	03/01/2006
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/14/2015

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: Physical Medicine & Rehabilitation

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 March 1, 2006. The injured worker was diagnosed as having degeneration of intervertebral disc, low back pain/lumbago, lumbosacral radiculopathy, and degeneration of lumbar intervertebral disc. Treatment to date has included x-rays, physical therapy, H-wave, and medication. Currently, the injured worker complains of low back severe pain radiating up toward the thoracic region and down both legs bilaterally, causing weakness and subsequent falls, with a loss of sensation in the lower extremities. The Treating Physician's report dated April 20, 2015, noted the injured worker had three falls in the previous three to four weeks, with hospitalization, found to have two fractured ribs on the right side. The injured worker reported her pain at 10/10, with current medications listed as Buprenorphine, diclofenac Sodium, Glipizide, Levothyroxine, Lidoderm patch, Lyrica, Metformin, Modafinil, Omeprazole, Pennsaid topical solution, Percocet, Prozac, Simvastatin, Vicodin, and Xanax. Physical examination was noted to show the injured worker with an antalgic gait and straight leg raise positive bilaterally. The treatment plan was noted to include discontinued use of over-the-counter (OTC) Acetaminophen, a lumbar spine MRI, and prescribed medications including short term Percocet, Diclofenac and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 75mg #90 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Lyrica page(s): 19-20.

Decision rationale: The 61-year-old patient presents with lower back pain radiating towards the thoracic region and bilateral lower extremities, rated at 10/10, as per progress report dated 04/27/15. The request is for LYRICA 75mg #90 X2 REFILLS. There is no RFA for this case, and the patient's date of injury is 03/01/06. Diagnoses, as per progress report dated 04/27/15, included degeneration of intervertebral disc, lower back pain, lumbosacral radiculopathy, and degeneration of lumbar intervertebral disc. Medications included Buprenorphine, Diclofenac sodium, Glipizide, Levothyroxine, Lidoderm patch, Lyrica, Metformin, Omeprazole, Pennsaid, Percocet, Prozac, Simvastatin, Vicodin and Xanax. The patient is status post shoulder surgery, status post carpal tunnel release in 1975 and 1976, and status post incisional hernia repair in 2004. The patient is temporarily disabled, as per the same progress report. MTUS Guidelines, pages 19-20, have the following regarding Lyrica: 'Pregabalin' Lyrica, no generic available has been documented to be effective in treatment of diabetic neuropathy and post-therapeutic neuralgia, has FDA-approval for both indications, and is considered first-line treatment for both. It further states, Weaning: Do not discontinue prevailing abruptly and weaning should occur over 1-week period. Withdrawal effects have been reported after abrupt discontinuation. In this case, a prescription for Lyrica is first noted in progress report dated 12/31/14, and the patient has been taking the medication at least since then. In the report, the treater states that the medication is for the patient's "lower extremity neuropathic pain." The current regimen helps the patient to "to remain independent in ADLs." The treater, however, does not document specific reduction in pain, as required by MTUS page 60. Hence, the request IS NOT medically necessary.

Diclofenac sodium 75mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac.

Decision rationale: The 61-year-old patient presents with lower back pain radiating towards the thoracic region and bilateral lower extremities, rated at 10/10, as per progress report dated 04/27/15. The request is for DICLOFENAC SODIUM 75mg #60 x2 REFILLS. There is no RFA for this case, and the patient's date of injury is 03/01/06. Diagnoses, as per progress report dated 04/27/15, included degeneration of intervertebral disc, lower back pain, lumbosacral radiculopathy, and degeneration of lumbar intervertebral disc. Medications included Buprenorphine, Diclofenac sodium, Glipizide, Levothyroxine, Lidoderm patch, Lyrica, Metformin, Omeprazole, Pennsaid, Percocet, Prozac, Simvastatin, Vicodin and Xanax. The

patient is status post shoulder surgery, status post carpal tunnel release in 1975 and 1976, and status post incisional hernia repair in 2004. The patient is temporarily disabled, as per the same progress report. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "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%." It goes on to state that there is substantial increase in stroke. In this case, review of the reports do not show why the treater has chosen this particular NSAID with a high risk profile. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request IS NOT medically necessary. In this case, a prescription for Diclofenac is first noted in progress report dated 12/31/14, and the patient is taking the medication consistently at least since then. As per the report, Diclofenac has been prescribed to treat inflammatory pain, and along with other medications, it helps the patient to "remain independent in ADLs." The treater does not discuss why this particular NSAID with a high risk profile was chosen nor does the treater document failure of other NSAIDs. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. Hence, the request IS NOT medically necessary.

Percocet 7.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The 61-year-old patient presents with lower back pain radiating towards the thoracic region and bilateral lower extremities, rated at 10/10, as per progress report dated 04/27/15. The request is for PERCOCET 7.5/325mg #60. There is no RFA for this case, and the patient's date of injury is 03/01/06. Diagnoses, as per progress report dated 04/27/15, included degeneration of intervertebral disc, lower back pain, lumbosacral radiculopathy, and degeneration of lumbar intervertebral disc. Medications included Buprenorphine, Diclofenac sodium, Glipizide, Levothyroxine, Lidoderm patch, Lyrica, Metformin, Omeprazole, Pennsaid, Percocet, Prozac, Simvastatin, Vicodin and Xanax. The patient is status post shoulder surgery, status post carpal tunnel release in 1975 and 1976, and status post incisional hernia repair in 2004. The patient is temporarily disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Percocet is first noted in progress report dated 04/20/15. The patient has been using other opioids such as Codeine and Buprenorphine in the

past. In progress report dated 04/27/15, the treater states that the patient took 57/60 Percocet in 7 days with minimal relief. The symptoms continue to worsen. The treater also states that additional Percocet "is not going to give her pain relief." There is no documentation of reduction in pain in terms of a numerical scale. The treater does not indicate an improvement in function. No UDS or CURES reports are available for review. Given the lack of efficacy, the request IS NOT medically necessary.

MRI of the lumbar spine: 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 ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Lower back & Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: The 61-year-old patient presents with lower back pain radiating towards the thoracic region and bilateral lower extremities, rated at 10/10, as per progress report dated 04/27/15. The request is for MRI OF THE LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 03/01/06. Diagnoses, as per progress report dated 04/27/15, included degeneration of intervertebral disc, lower back pain, lumbosacral radiculopathy, and degeneration of lumbar intervertebral disc. Medications included Buprenorphine, Diclofenac sodium, Glipizide, Levothyroxine, Lidoderm patch, Lyrica, Metformin, Omeprazole, Pennsaid, Percocet, Prozac, Simvastatin, Vicodin and Xanax. The patient is status post shoulder surgery, status post carpal tunnel release in 1975 and 1976, and status post incisional hernia repair in 2004. The patient is temporarily disabled, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state "unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)', do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. In this case, the progress reports do not document prior MRI of the lumbar spine but given the diagnoses and injury from 2006, it is likely that the patient has had an MRI. In progress report dated 04/20/15, the treater is requesting for an MRI because of change in condition. PT is unable to assist with ADLs at this point, which is a change in condition that was not seen at previous appointment. Although the patient's symptoms are subjectively changed, the treater does not provided documentation of any new neurologic decline, new injury, new symptoms, or any red flags to warrant an updated MRI. The request IS NOT medically necessary.