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| Case Number: | CM15-0096423 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 04/19/2007 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 04/08/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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: Emergency 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 68 year old female, who sustained an industrial injury on 4/19/2007. Diagnoses include moderate to severe central canal stenosis at L4-5, degenerative in nature. Treatment to date has included physical therapy, injections, diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 3/03/2015, the injured worker reported a steady increase in back pain rated as a constant 5/10 where it used to be a 3/10. She has been escalating her medicine intake and admits to borrowing Percocet from friends to help with the pain. Physical examination revealed a loss of lumbar lordosis and tenderness in the right lumbosacral area with trigger point like spasm in the right lower paraspinal musculature. Active voluntary range of motion was decreased with pain. There is a documented history of multilevel desiccation, degenerative changes and a small left paracentral L3-5 disc herniation (no date provided). The plan of care included medications and authorization was requested for Lyrica 75mg #30, Norco 10/325mg #30 and Percocet 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Lyrica 75mg, QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: As per MTUS Chronic pain guidelines, Antiepilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. There is no good studies to support its use in radicular pains. There is no documentation of any objective benefit to patient. This prescription is not appropriate with multiple refills which do not meet MTUS guidelines for close monitoring of medication especially with patient's claim of worsening pain. Lyrica's off label use and an inappropriate prescription is not medically necessary.

Pharmacy purchase of Norco 10/325mg, QTY: 120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has worsening pain and function on current regiment. Patient is actively not-compliant with medication regiment and is "borrowing" percocet from a friend. Patient has violated basic pain contract requirement and yet the provider has inappropriately continued opioid therapy and added on additional opioid. Refills are illegal on Norco which are Schedule 2 drugs and does not meet MTUS guideline requirement for monitoring on patients who are not compliant and potentially abusing opioids. Patient does not meet a single requirement for continuation of opioid therapy. Norco with refills are not medically necessary.

Pharmacy purchase of Percocet 10/325mg, QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Percocet is acetaminophen and Oxycodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has worsening pain and

function on current regiment. Patient is actively not-compliant with medication regiment and is "borrowing" percocet from a friend. Patient has violated basic pain contract requirement and yet the provider has inappropriately continued opioid therapy and added on additional opioid. Refills are illegal on percoets which are Schedule 2 drugs and does not meet MTUS guideline requirement for monitoring on patients who are not compliant and potentially abusing opioids. Patient does not meet a single requirement for continuation of opioid therapy. Percocet with refills are not medically necessary.